

# Children's Network



Annual Report  
2013



## Children's Network Mission

The Children's Network of San Bernardino County concerns itself with at-risk children who are defined as minors who, because of behavior, abuse, neglect, medical needs, educational assessment, and/or detrimental living situations, are eligible for services from one or more of the member agencies of the Children's Policy Council. A variety of public and private agencies deliver a broad and occasionally confusing array of direct services to these children.

The overall goal of Children's Network is to help at-risk children by improving communications, planning, coordination, and cooperation among youth-serving agencies.





## Introduction

It is an honor to provide the Children's Network Annual Report for our County and community partners. Children's Network was created 27 years ago with the purpose of increasing communication, collaboration, and cooperation among County Departments and Community partners that provide services to children and families. Children's Network is governed by the Children's Policy Council, and through this body, we identify gaps in services and attempt to create new programs that fill those gaps.

There is an abundance of great work and collaboration going on in San Bernardino County. Through our efforts, we can show what can be accomplished when a group of people—those who live and raise families in our communities, work in the halls of government, or work to improve the lives of children through public and private organizations—joins together in common cause to bring about change on behalf of children and families.

The report will highlight some of that work and provide important data related to the condition of children in San Bernardino County. The data reflected in this report was collected in the 2012-2013 Fiscal Year.

On behalf of the Children's Network team, we are thankful and proud of our many valuable partners, working towards a better tomorrow for children. We would especially like to acknowledge the First 5 San Bernardino Commission for supporting programs and projects such as the Annual Shine-A-Light breakfast, annual Children's Network Conference, SART coordinator and Child Safety Campaigns. First 5 San Bernardino's support in the amount of a \$30 million is dispersed throughout San Bernardino County as with the Children's Fund holiday Campaign of Giving, assistance with emergency resources and the Children's Assessment Center. First 5 San Bernardino conducted an Asset Mapping project last year within eight communities and have allowed us to include their maps found at the end of the report. We hope you find them helpful.

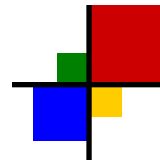
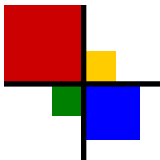
Sincerely,  
Kathy Turnbull, MSW  
*Interim Children's Network Officer*



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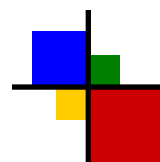
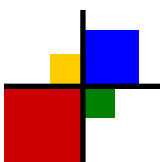




## Children's Policy Council

Children's Policy Council provides overall direction to the partnerships established through the Children's Network, with the intention of improving services to vulnerable children and their families. The Children's Policy Council was established by the Board of Supervisors pursuant to Welfare and Institutions Code section 18986.10 and is composed of department heads or designees of San Bernardino County agencies and other non-County organizations that either provide services to children or administer such programs. Council members include representatives from the each of the following agencies:

- Arrowhead Regional Medical Center
- Assistant Executive Officer, Human Services
- Behavioral Health Department
- Children and Family Services
- Children's Fund
- Community Action Partnerships
- County Counsel
- County Library
- County Superintendents of Schools
- Court Appointed Special Advocates
- District Attorney's Office
- First 5 San Bernardino
- Inland Regional Center
- Member of the Board of Supervisors
- Preschool Services Department
- Presiding Judge, Juvenile Court
- Probation Department
- Public Defender's Office
- Public Health Department
- Sheriff's Department
- Transitional Assistance Department
- United Way 2-1-1
- Workforce Development Department





## Interagency & Community Partnerships

In an effort to improve outcomes for children and their families, Children's Network helps establish and support a variety of partnerships with other public and private child-serving agencies throughout San Bernardino County. In 2012, Children's Network was involved in a number of partnerships to help meet the needs of our County's children. The partnerships are as follows:

- Child Abuse Prevention Council
- Child Care Planning Council
- Child Death Review Team
- Children's Assessment Center Governing Board
- Children's Legislative Review
- Children's Policy Council
- Coalition Against Sexual Exploitation
- Countywide Gangs & Drugs Task Force
- Countywide SART
- Drowning Prevention Network
- First 5 Advisory Committee
- Foster Care Advisory Council
- Head Start Shared Governance Board
- Homeless Youth Task Force
- Interagency Placement Council
- Interagency Youth Resiliency Team
- Juvenile Justice Coordinating Partnership
- Juvenile Justice Delinquency Prevention Commission
- Mentoring Youth Task Force
- Perinatal Coalition on Drug & Alcohol Abuse
- Safe Kids Network
- Workforce Investment Board Youth Council
- Youth Accountability Board

## Community Assistance Network

In order to improve and expand services to the children, youth, and families of San Bernardino County, Children's Network hosts community based collaboratives in four regions of the county. This brings together public and private agencies to provide technical assistance, program resources, and training to child-serving agencies through Community Assistance Network meetings. In 2012-2013, meetings took place in July 2012, September 2012, November 2012, February 2013, April 2013, and June 2013.

Focus West Advisory Council (Ontario)  
East Valley Community Collaborative (San Bernardino)  
High Desert Partnership for Kids (Apple Valley)  
Bear Valley Community Network (Big Bear)

# Children's Network Activities

## 26th Annual Children's Network Conference

Children's Network hosted our 26<sup>th</sup> annual conference on Wednesday, September 26<sup>th</sup> and Thursday, September 27<sup>th</sup> of 2012 at the Ontario Convention Center.

### *Workshops*

This year, over 500 social workers, resource parents, kinship caregivers, teachers, health care and mental health professionals, counselors, and law enforcement and safety personnel attended 60 workshops. These workshops were offered over 6 sessions that were each 75 minutes in length. There were workshops on trauma and behavior, bullying, autism, internet crimes and predators, mentoring, engaging fathers, forensic interviewing, cultural competency, asthma, homeless youth, truancy programs, suicide prevention, and educational assistance for foster youth.

A generous sponsorship from the Coalition Against Sexual Exploitation allowed Children's Network to offer a specific track of workshops dedicated solely to the issue of human trafficking and the sexual exploitation of children. The six workshops for this topic provided attendees with information from several different viewpoints, including law enforcement, a human-trafficking victim, and to hear what other counties are doing to address the issue of human trafficking and sexual exploitation. The reviews for these specific workshops indicate the information presented was eye-opening, valuable, and increased the attendees' awareness on this ever-present issue.

Overall, approximately 96% of conference survey respondents felt 'satisfied' or 'very satisfied' with the workshop variety. Eighty-nine percent of respondents felt 'satisfied' or 'very satisfied' with the content of the workshops and 95% 'agreed' or 'strongly agreed' that the content of the conference workshops was informative. In fact, 86% 'agreed' or 'strongly agreed' that the conference raised their awareness on issues that impact their jobs and/or life. At the same time, 93% of respondents 'agreed' or 'strongly agreed' that they gained additional knowledge on topics that will help them in their job and/or life. Consequently, Children's Network will continue to recruit and present information on topics that are relevant to our attendees in the variety of settings they work or live in.



## Keynote Speakers

This year, Children's Network Conference hosted two keynote speakers across both days. On Day 1, Ashley Rhodes-Courter spoke, while on Day 2 we had Lauri Burns.

**Ashley Rhodes-Courter** shed light on her experiences in the child welfare system living in 14 placements over 10 years. She also discussed her ongoing advocacy efforts to better the lives of those children living in out-of-home care. Her animated presentation style and her ability to bring humor to her story generated laughter from the audience with her ideas and efforts for program and policy changes bringing cheers and rounds of applause. Over 90% of survey respondents expressed feeling 'satisfied' or very satisfied' with Rhodes-Courter as a keynote speaker.



Ashley Rhodes-Courter (right),



Lauri Burns (left)

Day 2 featured **Lauri Burns** who shared her life story of abuse, addiction, hardship, and healing. Her experiences in system care, living on the streets, and in recovery inspired Burns to help other youth by developing The Teen Project, an organization dedicated to serving transition-aged system-involved youth. Burns' program not only provides shelter and stability to these teens, but helps to serve as a parent to the parentless. Burns' efforts have led to her mentoring other women across the nation in opening shelters for homeless and transition-aged youth. In addition, her ongoing efforts have led to her opening another Teen Project shelter in a neighboring county. Ninety-four percent of survey respondents expressed feeling 'satisfied' or 'very satisfied' with Burns as a keynote speaker.

Children's Network is dedicated to bringing speakers whose expertise and experience is not only relevant to our attendees' work, but are individuals who inspire and motivate others to excel at their work.

## Overall Conference Evaluation

In addition to attendee satisfaction with the workshops and keynote speakers, Children's Network also obtained feedback from attendees regarding their overall experience. 91% of respondents agreed that the conference met their expectations while 92% felt that the conference was worth their time and money. Moreover, 97% of respondents were satisfied with the overall organization of the conference. And, 95% of respondents planned to recommend the Children's Network Conference to others as well as planned to attend another Children's Network Conference in the future.

Every year, our goal is for the Children's Network Conference to provide a meaningful learning opportunity to as many people as possible. One attendee's comment best describes what we strive to do, "I loved this! It helped me re-energize about the work I do!"



# Shine a Light on Child Abuse Breakfast

Every year, the Children's Network holds the Shine a Light on Child Abuse Awards Breakfast. This awards ceremony honors chosen recipients for their unheralded and exceptional services to at-risk children and youth in San Bernardino County. Nominations are submitted by members of the community and all nominations are reviewed and selections are made by a committee of the exceptional individuals who were honored the previous year.

## *14th Annual Shine a Light on Child Abuse Breakfast*

The 14<sup>th</sup> Annual Shine a Light on Child Abuse Breakfast was held on Thursday, March 29, 2012. Hundreds of people attended this year's breakfast in support of those persons and organizations that give selflessly in order to make a difference in the lives of at-risk children and youth. The 2012 honorees included:

- ◆ Kent Paxton, Lifetime Advocate
- ◆ Tony Muga, Children and Family Services
- ◆ Phil Tardanico, Children and Family Services
- ◆ Jenae Holtz, Community Based Provider- Executive Director
- ◆ Desert/Mountain SELPA Children's Center
- ◆ Joe Staudt, Community Based Provider- Therapist, Child-help Merv Griffin Village
- ◆ Deborah Donnelly, Department of Behavioral Health
- ◆ Bertha Cuellar, Department of Public Health
- ◆ Henry Rivas, Education, Chaffey College
- ◆ Cheryl Wishaw, Foster Parent
- ◆ Deputy Erik Smoot and Citizen Larry Bowden, Law Enforcement
- ◆ Morongo Basin SBCO Sheriff's Dept.
- ◆ Agnes Murray, Legal, Deputy District Attorney
- ◆ La Tanya Mathews, Medical – ARMC, Neonatal Intensive Care Unit Social Worker
- ◆ Angels' Closet Charities, Organization
- ◆ Lori St. Jean, Probation
- ◆ Louise Jurgens, Volunteer, Mariposas Foundation



Kent Paxton, Lifetime Advocate

**Kent Paxton** was presented with the Children's Network Lifetime Advocate Award for his unwavering efforts in building partnerships to ensure the children of San Bernardino County are safe. Kent retired from San Bernardino County, where he was the Children's Network Officer for a couple of decades. The collaborations created based on Kent's relationships with various organizations continue to have positive effects on the local community.



### *15th Annual Shine a Light on Child Abuse Breakfast*

The 15th Annual Shine a Light on Child Abuse Breakfast was held on March 28, 2013 in the Valencia Room at the National Orange Show in San Bernardino. Over 400 people attended to honor those individuals and organizations who give selflessly in order to make a difference in the lives of at-risk children in San Bernardino County.

There were sixteen individuals and two organizations honored for going the extra mile, the honorees included:

- ◆ Norm Dollar, Lifetime Advocate
- ◆ Daniel Almaraz, Children and Family Services
- ◆ Mary Gurrola Department of Behavioral Health
- ◆ Teresa Denison, Department of Public Health
- ◆ Dr. Kiti Randall, Medical
- ◆ Bobbie Mann, Legal
- ◆ Rose Sarmiento, Probation
- ◆ Mary "MJ" Higgins, LAW Enforcement
- ◆ Lea Michelle Cash, Community Based Provider
- ◆ Marlina and LaDonna Simpson, Foster Parents
- ◆ Officer Michael Ashbaker and Officer Francisco Padilla, Animal Cruelty Investigators
- ◆ Humane Society of San Bernardino
- ◆ Charlene Betts, Volunteer
- ◆ Dr. Carol Franklin, Education
- ◆ Trudi Moe Roser, Transitional Assistance Department
- ◆ Highlanders Boxing Club, Community Organization
- ◆ Ashley Furniture, Business



Norm Dollar, Lifetime Advocate

The 2013 Lifetime Advocate Award was presented to **Norm Dollar, Deputy Director at San Bernardino County Children and Family Services**, who had dedicated his life and skills to being a champion for those who were voiceless and without hope. He was described as the ultimate social worker and an innovator. Norm retired in January 2013 after 33 years of service to the families of San Bernardino County.

For 2012 and 2013, a total of twelve foster youth were recognized for their hard work, determination, strength and unrelenting drive to reach their personal and professional goals. Children's Fund provided scholarships to each youth to assist as they embark on their next phase of education.

In what has become tradition, the awards breakfast closed with a group of Mill Center Head Start State Preschool students singing 'This Little Light of Mine'.



## Collaborative Efforts

In 2012, Children's Network was involved in a number of collaborative efforts in a variety of areas. Of particular note is our involvement in Loma Linda Children's Hospital's Keep Me Safe Parenting Conference, Too Hot for Tot Campaign, health and resource fairs, and Safe Sleep for Infants Campaign.

The 7<sup>th</sup> **Annual Keep Me Safe Parenting Conference** was held on Friday, April 26, 2013 at the Wong Kerlee Conference Center on the campus of Loma Linda University. The Keep Me Safe Parenting Conference focuses on teaching parenting strategies, developing new skills, positive relationship building, and understanding child developmental milestones to 300 young and first-time parents.



This year's speakers included Detective Yanez of the San Bernardino City Police Department. She spoke to the group about ways to prevent child abuse, the importance of safe, secure relationships, and to reach out to others when feeling overwhelmed. Another present was Michelle Parker, Safe Kids Coordinator with Loma Linda University Medical Center. Michelle spoke on the ABCs of Safe Sleep for Infants and presented on keeping poisonous items out of a child's reach. The attendees were surprised by Michelle's display of items that look similar to things we drink, but are poisonous. For example, how Pine-Sol cleaner looks like apple juice and how a young child might confuse these items because of their similar coloring. The final presenter of the day was Dr. Amy Young, Forensic Pediatric and Associate Medical Director of the Children's Assessment Center. Her message was about positive parenting. The attendees had a good time and were given valuable information to help them keep their children safe. There were thirteen vendors the attendees could visit during their breaks.

The **Too Hot for Tot Campaign** was a media campaign which highlighted the dangers of leaving children unattended in the car, especially as the temperature rises. As part of our collaborative efforts, Children's Network partnered with Safe Kids Inland Empire and the San Bernardino County Sheriff's Department to have a Hot Car Demonstration at the Fontana Speedway during a September day event. We placed two thermometers in the car, one in the sun, and one in the shade, in order to show passersby that there really is not much temperature difference inside the car whether in the shade or not.



We had an information board explaining how hot the inside of a car can get and how quickly the temperature can rise and flyer about the dangers of leaving children in the car were handed out, along with thermometers parents and caregivers to put on their car windows.

An integral part of Children's Network is disseminating child abuse prevention material to the greater community. In 2012, we participated in over 30 community resource fairs and events where we distributed materials regarding child safety, positive parenting, and appropriate child discipline.



### ***The Safe Sleep for Infants Campaign***

In August 2012, Children's Network received approval from Children's Policy Council to prioritize safe sleeping practices for infants as the "feature" of this year's media campaign. This topic selection was informed by County-level children's mortality data. In fact, between 2009 and 2011, 64 infants were found unresponsive and subsequently died in their sleep environments in San Bernardino County. Approximately 70% of these infants were known to have been bed/space sharing with a parent or family member. More specifically, 81% of these bed/space sharing circumstances involved sleeping with one or more parent. Sleeping locations for bed sharing cases for all three years included the bed, on the top of a pillow on the bed, a parent's chest or arm, couch, recliner, and the floor.

The Children's Network developed a multi-faceted Safe Sleep for Infants media campaign to be implemented throughout the County of San Bernardino. The campaign was designed to raise awareness of the ABCs of safe sleep for infants among community members of San Bernardino County. The overall messaging was based on recommendations made by the American Academy of Pediatrics. That is, babies should sleep Alone, on their Back, and in a Crib. The components of our media campaign included a modified 30 second advertisement and 4 minute video that were made appropriate for California audiences, billboard advertising, bus advertising, theater advertising, development of posters, a brochure, and The ABCs of Safe Sleep Resource Kits for Countywide distribution.



ABC's of Safe Sleep Poster

### ***Video & Theater Advertising***

The videos were created by the Texas Department of Family and Protective Services as part of their Baby Room to Breathe safe sleep campaign. A memorandum of understanding was formed between San Bernardino County and Texas Department of Family and Protective Services which allowed us to modify the videos to reflect California data and use them in our safe sleep campaign. The videos were produced in English and Spanish and feature a 30 second commercial-like video and a more in-depth 4 minute video. The DVD automatically loops so it is perfect to play in various waiting rooms.

The 30 second video was shown in three movie theaters within the County for a 12-week period. The three movie theaters include San Bernardino Regal Cinema, Cinemark 16 Victorville, and Cinemark Jess Ranch (Apple Valley). These theaters were specifically chosen because these are cities that have had the greatest concentration of infant safe-sleep related deaths.



## Billboards & Bus Ads

As part of our campaign, billboard and bus ads were also selected due to their high visibility and reach. An original design was developed utilizing the ABCs of Safe Sleep messaging. Five billboard panel locations were selected along major highways through San Bernardino County.

Twenty Omnitrans busses throughout the City of San Bernardino also had the ABCs of Safe Sleep messaging on their sides. These ads had the exact same layout as our billboards. During the 12-week period, it is estimated that 18,480,000 eyes viewed the bus ads.



ABC's of Safe Sleep Billboard

## The ABC's of Safe Sleep Resource Kits

The ABCs of Safe Sleep Resource Kits were designed to share important infant safe sleep materials with County agencies and community-based providers that would have direct contact with the greater public.



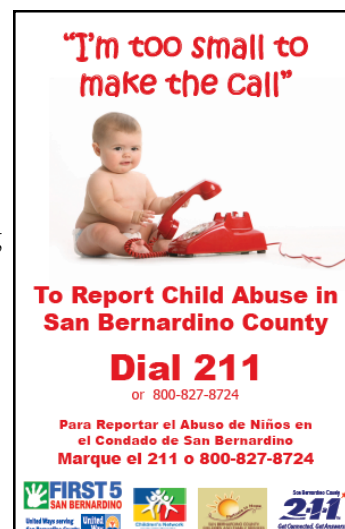
Brochure that is included in the ABC's of Safe Sleep Resource Kits.

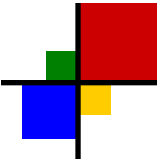
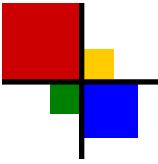
The kit contains the DVD, two English version posters, 2 Spanish version posters, 50 English brochures, and 50 Spanish brochures. Recipients of the kits have been asked to play the looping DVD in their waiting rooms, to hang the posters in their waiting and examination rooms, and to make the brochures available to their clients in appropriate areas of their facilities. Resource kits are provided to anyone who request one. Initial recipients include: Children and Family Services Offices; Transitional Assistance Department offices; Arrowhead Regional Medical Center and satellite clinics; Family resources Center; Department of Behavioral Health Clinics; Women, Infant, and Children (WIC) Clinics; Public Health Clinics; Local OB/GYN providers; Community-based organizations

Our objective of this campaign was to raise awareness of safe sleep practices for infants. We are confident that the various media channels we have used has left a lasting impression and are hopeful that it helped to save the lives of several infants.

## Dial 2-1-1

In 2012, Children's Network revamped the Dial 2-1-1 to Report Child Abuse campaign. The slogan "I'm too small to make the call" was added to the campaign and the pictures were updated to reflect babies and young children holding or talking on a phone. United Way 2-1-1 was excited about the change. Self hanging posters were made available to community partners and County agencies. Additionally, billboards with the "I'm too small to make the call" tag line were put up in the High Desert. This location was selected due to the high number of child abuse incidents in the various High Desert cities. Children's Network will continue to promote the Dial 2-1-1 to report child abuse message throughout San Bernardino County.





## Children's SART Program

Screening, Assessment, Referral, and Treatment (SART)

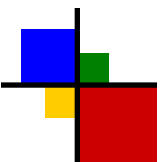
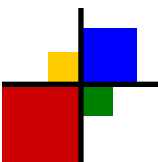
For Children Newborn through age Five

The **SART Program** is designed to improve the social, developmental, cognitive, emotional and behavioral functioning of high-risk and multiple risk children. The program is funded jointly by First 5 San Bernardino and San Bernardino County Department of Behavioral health.

SART treatment is provided by a multidisciplinary team comprised of clinicians, Public Health Nurses, a pediatrician, a neuro-developmental psychologist, occupational therapist, and speech and language therapists.

There are three SART centers located throughout the County: West End Family Counseling Center, Victor Community Support Services, and Desert Mountain Children's Center.

Children's Network is contracted with First 5 San Bernardino to provide a SART program coordinator who is responsible for the effectiveness and the efficiency of the SART Model of Care. The Centers are responsible for the day-to-day functioning. Children and Family Services continues to provide in-kind support for Children's SART supervisory support for the program in each region.



## Coalition Against Sexual Exploitation (CASE)

### *Freedom Week 2013*

In 2013, the Coalition Against Sexual Exploitation continued its efforts to raise awareness about human trafficking in San Bernardino County by building on previous years' successful Anti-Human Trafficking Awareness Walk. In January, 2013, CASE hosted a series of events titled "Freedom Week" which included a candlelight vigil, two film screenings, a special event for youth in custody at the Juvenile Detention & Assessment Centers, and the Third Annual CASE Anti-Human Trafficking Awareness Walk. Held at the Children's Network on Hospitality Lane in San Bernardino, the walk was attended by over 200 community members and dignitaries. Guest speakers included District Attorney Mike Ramos, Public Defender Phyllis Morris as well as a survivor who shared her inspiring story of hope and resiliency.

### *County of San Bernardino Board of Supervisors Proclamation*

In January 2013, the County of San Bernardino Board of Supervisors issued a proclamation that designated January as "Human Trafficking Awareness and Prevention Month" bringing our County's efforts in line with those at a national level and bringing attention to the issue of the commercial sexual exploitation of children in our community.

### *Outreach & Education Committee*

In FY 2012-2013, the CASE Outreach and Education Committee met on the second Tuesday of each month. This meeting provides the community an opportunity to come together to learn more about the commercial sexual exploitation of children in the County and to network with other community members and professionals who are also interested in these issues.

### *Training*

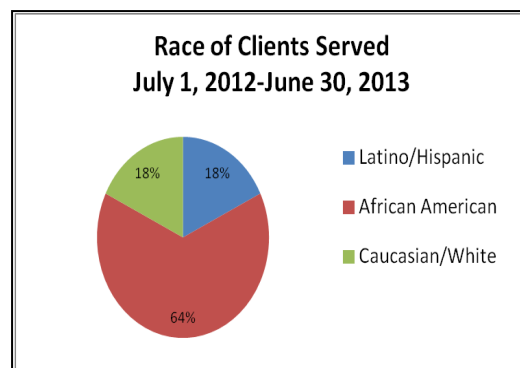
In 2013, CASE continued to provide training to those interested in learning more about the commercial sexual exploitation of children. This included social workers, therapists, probation officers, law enforcement, medical professionals, community members, educators and others. CASE provided training and education to almost 4,200 individuals in San Bernardino County during 2012-2013.



Participants in Freedom Walk



Proclamation from the Board of Supervisors



Clients served in 2012-2013.

## Mentoring Youth Task Force

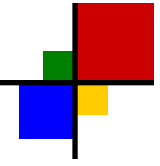
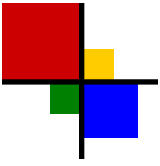
The Mentoring Resource Coordinator continues to develop collaborative efforts between Department of Behavioral Health and Children's Network to assist with connecting high-risk system-involved youth with mentoring programs. High-risk system-involved target population includes, foster youth, probation youth, transitional age youth, kinship youth and other underserved populations of youth.

The Mentoring Youth Task Force was created to bring existing mentoring programs, county staff, and community partners together to share information and facilitate greater mentoring relationships between high-risk and community-based mentoring programs.

The 2012-2013 year has focused on training, recruitment and outreach. This has been done by partnering with CARS (Center for Applied Research Solutions) for trainings specific to mentoring relationships as well as mentoring foster and system involved youth. Outreach and recruitment efforts were conducted by the Mentoring Task Force and various mentor programs to civic organizations such as Soroptimist, Kiwanis and Rotary. Three mentoring trainings were conducted this year on mentoring topics such as problem solving with mentees, helping mentees with difficult situations and mentoring system involved youth.

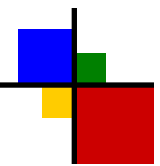
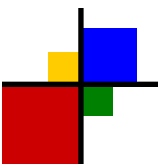
The highlight of 2012 was the Spring Jam, which was held on April 20, 2013 at the 66ers Stadium in San Bernardino. The event was for system involved youth from Children and Family Services (CFS), Department of Behavioral Health (DBH), Kinship, Gateway Program, Group Homes to experience a day of mentoring. There were approximately 200 youth ages 15-18 that attended the event. The adult volunteers came from Cal State San Bernardino's Sociology club, other campus groups, County employees, Reach Out, EMQ, Valley Star, CASA, CFS, DBH, Job Corps and community members to volunteer as mentors, activity leads and assist where needed.





# **Child & Youth Demographics, 2012-2013**

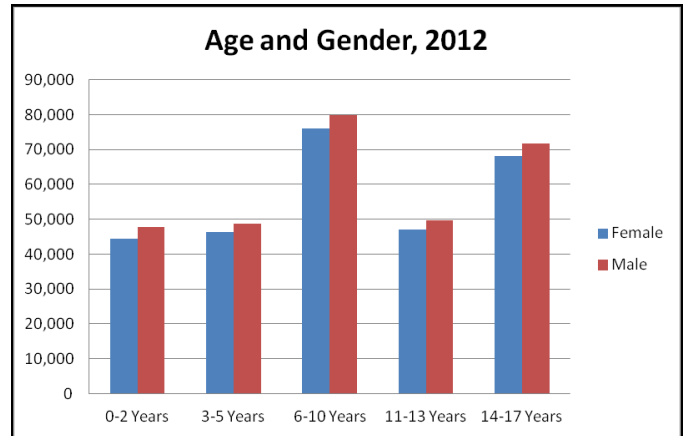
## San Bernardino County



## San Bernardino County Child Population by Age and Gender: 2012

In 2012, children between 6-10 years of age were most prevalent in the County. Overall, the ages of children were fairly distributed along the spectrum. Furthermore, the graph indicates that there were more males than females across all age groups.

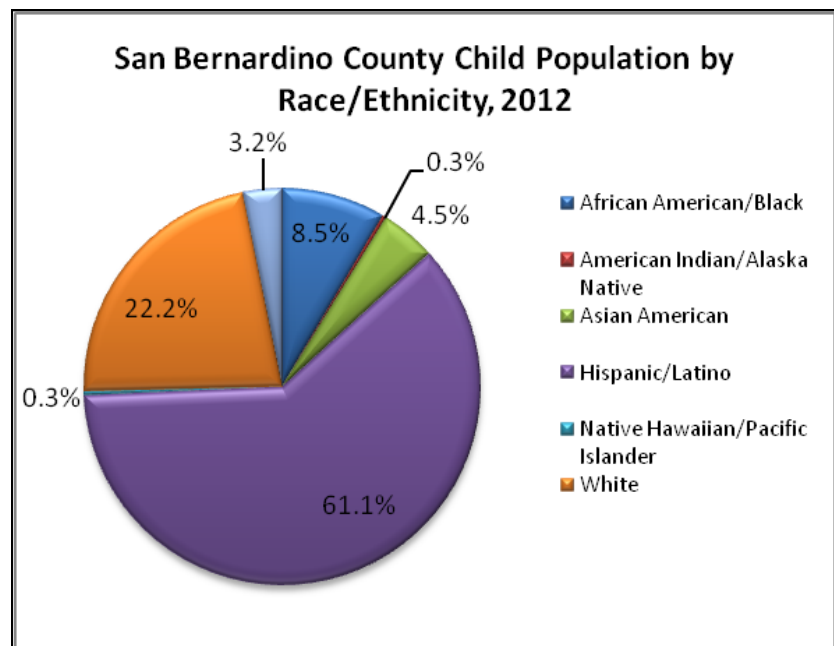
San Bernardino County	Number		
	Female	Male	Total
0-2 Years	44,358	47,864	92,221
3-5 Years	46,362	48,676	95,037
6-10 Years	76,003	79,913	155,916
11-13 Years	47,030	49,750	96,780
14-17 Years	68,238	71,598	139,837
Total 0-17	281,991	297,801	579,792



Prepared by Children's Network, June 2014

Source: As cited on kidsdata.org, California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (May 2013); U.S. Census Bureau, Current Population Estimates, Vintage 2012 (June 2013).

In 2012, more than 60% of children in San Bernardino County were Hispanic/Latino, about 20% were White, and about 8% were African American/Black.

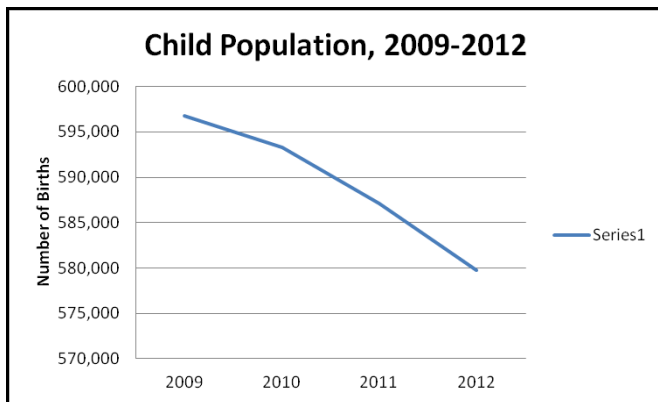


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Source: As cited on kidsdata.org, California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 2000-2010, 2010-2060 (May 2013); U.S. Census Bureau, Current Population Estimates, Vintage 2012 (June 2013).



## Child Population in San Bernardino County, 2009-2012



As the graph indicates, there has been a steady decrease in the number of children being born in San Bernardino County since 2009.

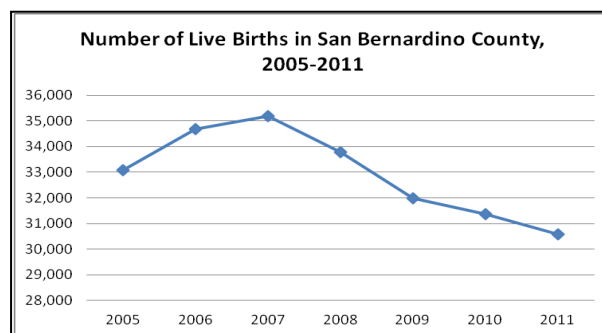
Prepared by Children's Network, June 2014

Source: As cited on kidsdata.org, California Dept. of Finance, Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060 (May 2013); U.S. Census Bureau, Current Population Estimates, Vintage 2012 (June 2013).

## Live Births in San Bernardino County, 2005-2011

In 2007, the number of live births was at a peak of 35,193. Since 2008 and continuing through 2011, San Bernardino County is experiencing a steady decrease of live births.

Year	Number of Live Births
2005	33,075
2006	34,675
2007	35,193
2008	33,788
2009	31,984
2010	31,367
2011	30,573

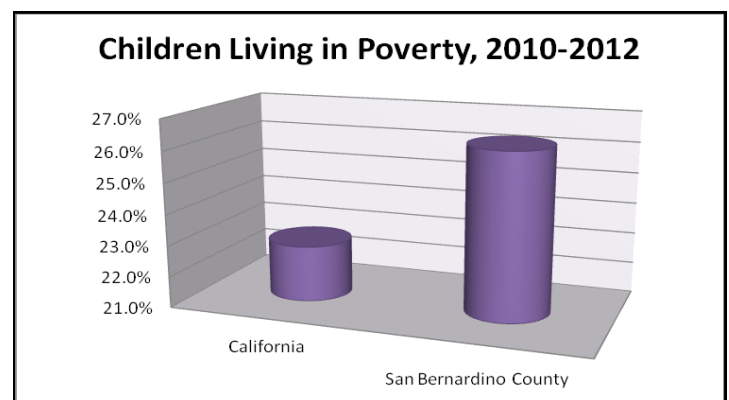


Prepared by Children's Network, June 2014

Source: State of California, Department of Public Health, Birth Records & California Vital Statistics Report Table 2-18. Live Births, California Counties, 2010-2011.

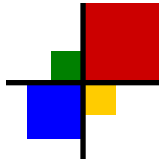
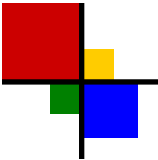
## Percentage of Children Living in Poverty in San Bernardino County, 2010-2012

Between 2010 and 2012, San Bernardino County had a higher percentage of children 0-17 living in poverty compared to the State of California. Federal Poverty Level in 2012 is \$23,283 for a family of two adults and two children.



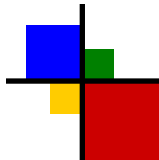
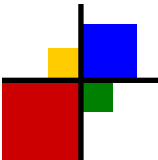
Prepared by Children's Network, June 2014

Source: As cited on kidsdata.org, U.S. Census Bureau, American Community Survey (Dec. 2013).



# **Child Death Data, 2011-2012**

## San Bernardino County





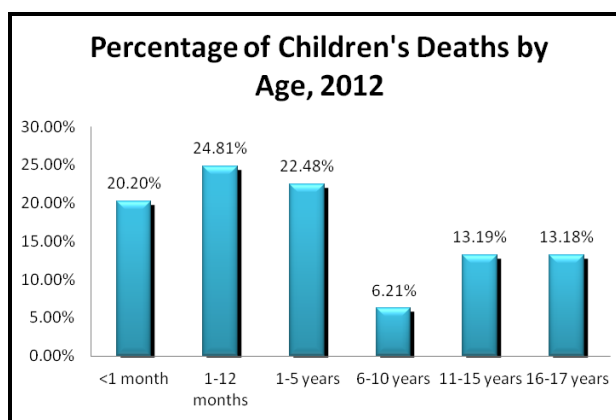
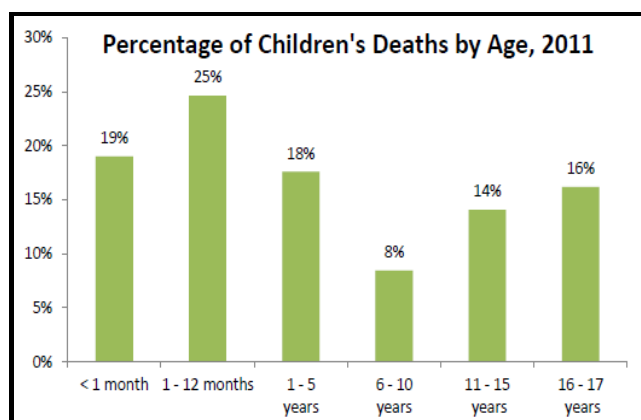
## Children's Deaths in San Bernardino County: 2011 and 2012

This section will focus solely on deaths that occurred among children ages 0-17 in 2011 and 2012 who were residents of San Bernardino County and were reviewed by the Child Death Review Team (CDRT). A total of 142 deaths in 2011 and 129 deaths in 2012 were reviewed by the San Bernardino County Child Death Review Team. All of these deaths can be classified as one of the following: Natural, Accident, Traffic, Homicide, Suicide, or Undetermined in the manner of death. The data and cases that are being shared in this report were obtained through the Coroner's database called the Coroner's Case Management System.

### Demographics: 2012

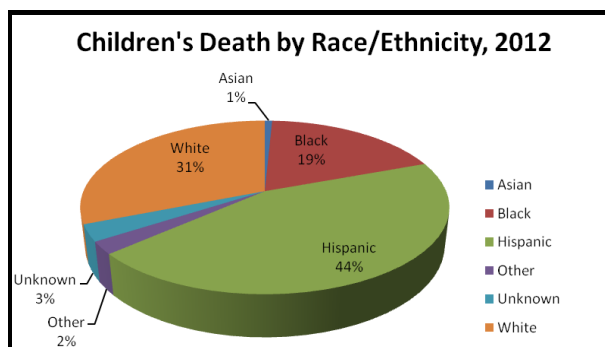
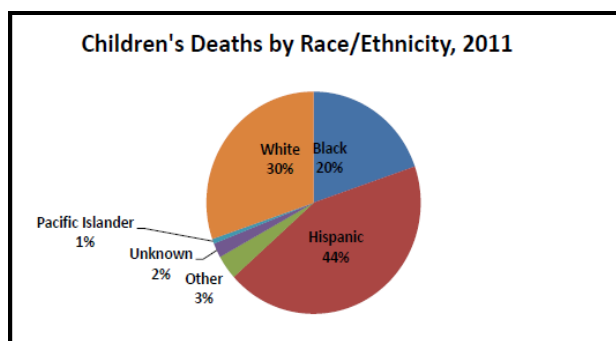
#### *Age/Gender*

Of the 142 deaths reviewed in 2011, 61% (87 cases) were male and 39% (55 cases) were female. In 2012, 129 deaths reviewed, 62% (n=80) were male and 38% (n=55) were females. As in previous years, there continues to be more deaths among males in comparison to their female counterparts. While the deaths of children in San Bernardino County varied in age range, 67% (n= 87) of deaths were among children between 0-5 years in 2012. This is consistent with the trend that has been seen in previous years. In 2011, 62% (n=87) of children were in this age range. In 2011, about 30% (n=30) of children's deaths were between the ages 11 and 17. 33% (n= 42) of deaths in 2012 were in the 6-17 year age range.



#### *Race/Ethnicity*

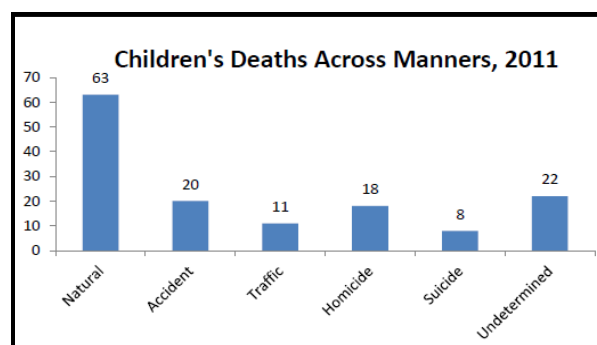
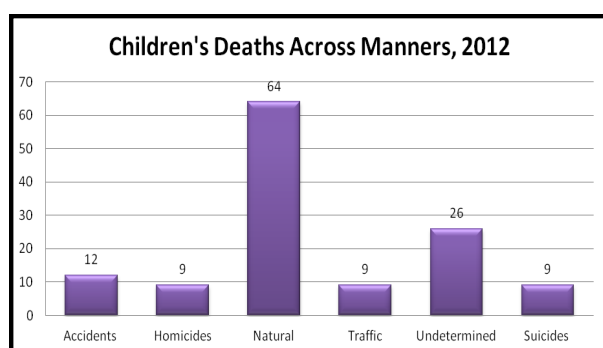
In 2011, Hispanics represented the majority of children's deaths, accounting for 44% of the deaths. Whites consisted of 30% of the deaths, and Blacks represented 20% of the deaths. In 2012, Hispanics had the highest number of child deaths in the County. However, they also represented 50% of the total population in San Bernardino County. Proportionately, deaths among Black children were over-represented, especially when they only make up 9.6% of the total population in the County.



## San Bernardino County Child Deaths Manners

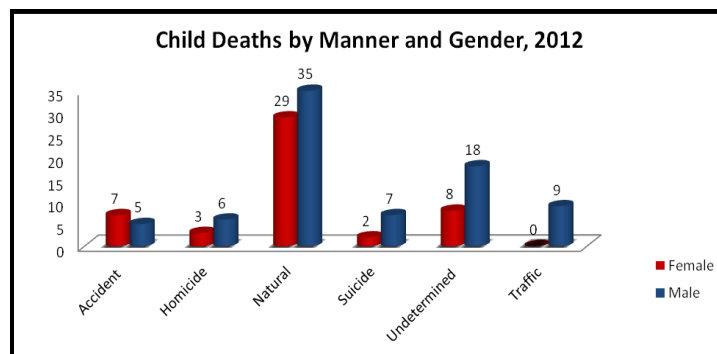
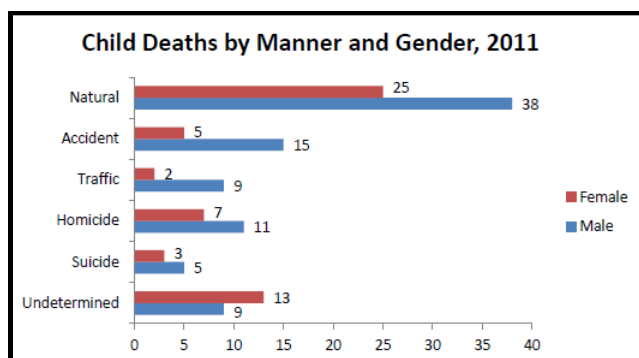
The manner or mode of death is the official category of death that is listed on the death certificate. In 2011, 44% (n=63) cases were classified as natural, 22% (n=31) were accidental and traffic related, 13% (n=18) were homicide, and 6% (n=8) were suicides. 15% (n=22) were considered undetermined. In 2012, 49.6% (n=64) of deaths among children in San Bernardino County were listed as natural, 20.2% (n=26) were undetermined, and 9.30% (n=12) of child deaths were accidents. Lastly, homicides, traffic, and suicides each made up 6.98% (n=9) of deaths.

Since 2011, three categories saw an increase in cases: natural, undetermined and suicides. There were 64 natural cases in 2012, compared to the 63 in 2011; 26 undetermined cases this year, compared to 22 in 2011; and 9 suicides, compared to 8 in 2011. Conversely, accident, traffic, and homicide cases decreased, in some cases by half.



## Child Deaths by Manner and Gender

Across almost all categories, male deaths outnumbered females in 2011. In fact, males made up 60% of natural deaths. Moreover, over 75% of accident and traffic-related deaths were among males. Homicide and suicide deaths were more common among males in comparison to females making up just over 60% of all homicide and suicide deaths. Females outnumbered male deaths in the undetermined category by almost 20% in 2011. In 2012, males made up 55% of deaths in the natural category. 9 (14.1%) traffic related deaths this year were male, and 7 of the 9 suicides were male. The only category that saw a higher percentage of deaths among females, in comparison to their male counterpart, was accidents. Of the 12 accident related deaths in 2012, 7 of them were females.



### Child Deaths by Manner and Age

In 2011, Accident was the leading non-natural manner of death for children age 1-5 years of age followed by undetermined deaths among children 1 – 12 months. Undetermined was also the greatest manner among infants less than one month of age. Like years past, homicide was the leading manner of death for teens 16 – 17 years of age. Traffic and suicide were the leading manners of death for children 11 – 15 years of age followed by accident. Children age of 0-5 accounted for 73% (n=47) of the natural deaths that occurred in the County in 2012. Undetermined accounted for 58% (n=15) of the deaths among children 1-12 months of age. Further, 55.6% (n=5) of the homicide deaths were children below the age of 5. Suicide is the leading cause of death among this age group. In 2012, 77.8% (n=7) of the suicide cases were children between 16-17 years of age.

	N	%	< 1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Natural	63	44	21	13	15	5	6	3
Accident	20	14		3	7	2	3	5
Traffic	11	8				2	4	5
Homicide	18	13	1	3	3	2	2	7
Suicide	8	6				1	4	3
Undetermined	29	16	4	14				

	N	%	<1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Accident	12	9.30%	1	3	4	2		2
Homicide	9	6.98%	2		3		2	2
Natural	64	49.60%	16	14	17	5	9	3
Suicide	9	6.98%					2	7
Traffic	9	20.20%			1	1	4	3
Undetermined	26	6.98%	7	15	4			

### Child Deaths by Manner and Race/Ethnicity

Natural manner was the leading cause of death among all races in 2011 and 2012. Accident, traffic, and undetermined deaths appear to be concentrated among Hispanics and Whites while homicides were most concentrated among Blacks in 2011. In 2012, 50% (n=6) of the accident deaths and 44.4% (n=4) of traffic deaths were among Hispanics; 45.5% (n=4) of the homicide deaths were among Blacks; 50% (n=32) of the natural deaths were among Hispanics; 33.3% (n=3) of suicides were among Hispanics and Whites; and 42.3% of undetermined manner of deaths were among Whites. Accidents, traffic, and suicides appear to be concentrated among Hispanics, while homicides were more concentrated among Blacks, and undetermined deaths concentrated among Whites.

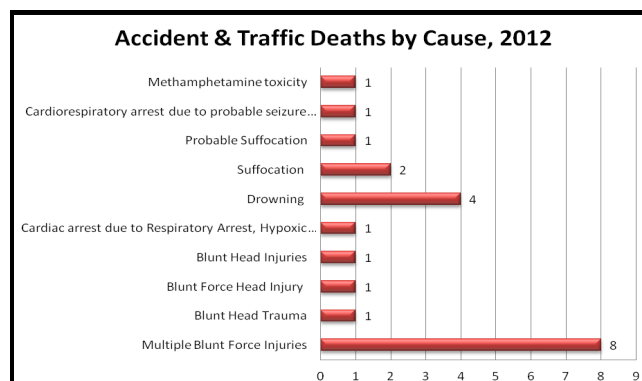
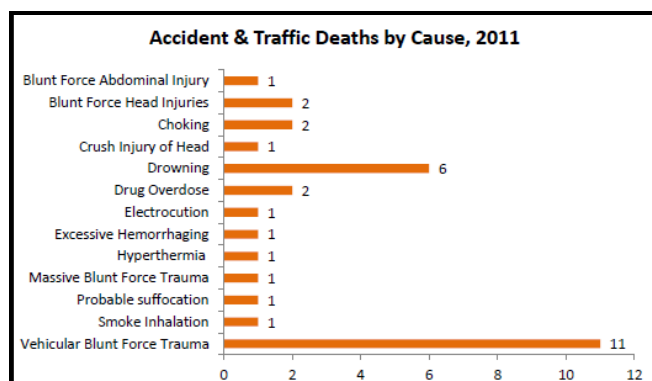
	N	%	Natural	Accident	Traffic	Homicide	Suicide	Undetermined
Black	28	20	13	2		8		5
Hispanic	62	43	28	10	7	4	4	9
Pacific Islander	1	1						1
White	43	30	19	8	3	5	3	5
Other	5	4	1		1	1	1	1
Unknown	3	2	2					1

	N	%	Accident	Homicide	Natural	Suicide	Traffic	Undetermined
Asian	1	0.8%			1			
Black	24	18.6%	2	4	10	2	3	3
Hispanic	57	44.2%	6	3	32	3	4	9
Other	3	2.3%			2			1
White	40	31.0%	3	2	19	3	2	11
Unknown	4	3.10%	1			1		2

## Causes of Death by Manner: 2011 and 2012

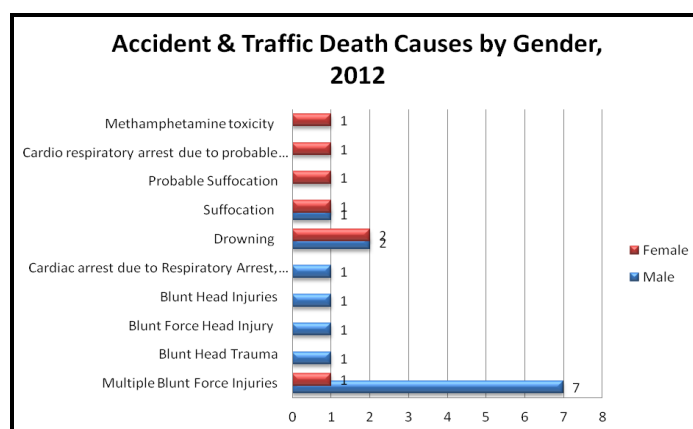
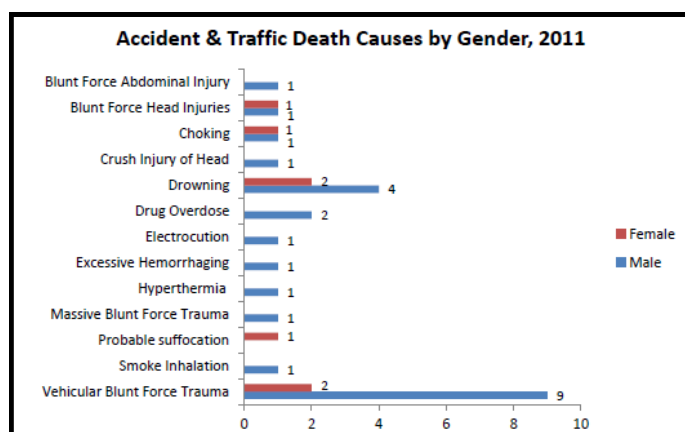
### Accident & Traffic Deaths

In 2011, 31 children's deaths and 21 children's deaths in 2012 were classified as accident and traffic in manner within San Bernardino County.



The leading cause of death for 2011 was motor vehicle-related (vehicular blunt force trauma) incidents. These incidents account for 35% of accident and traffic-related deaths. Accounting for 38.1% (n=8) of accident and traffic related deaths, multiple blunt force injuries was the leading cause of deaths in this category. The majority of the multiple blunt force injuries were due to a traffic related incident. The second leading cause of death was drowning with 19% (n=4) of fatalities in 2012. These findings are consistent with data from 2009-2011.

Overall, most accidental deaths occurred among males in 2011 and 2012. Male motor vehicle incident-related deaths far outnumbered female deaths in 2011. This year also saw a majority of drowning deaths occur amongst male children. Both cases of accidental drug overdose only occurred among male teens. Multiple blunt force injuries with males accounted for 87.5% (n=7) of the deaths, far out-numbering females who had only 1 death in this category.



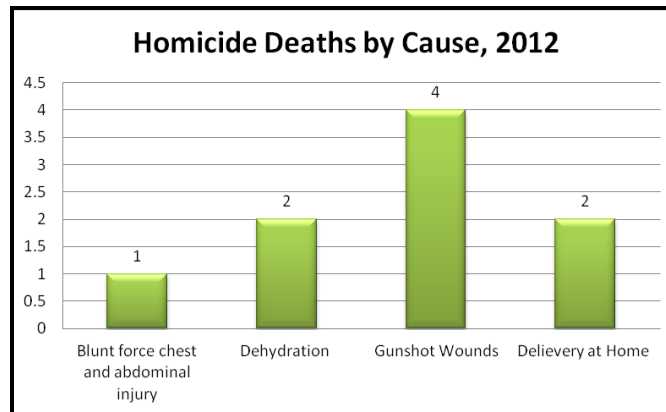
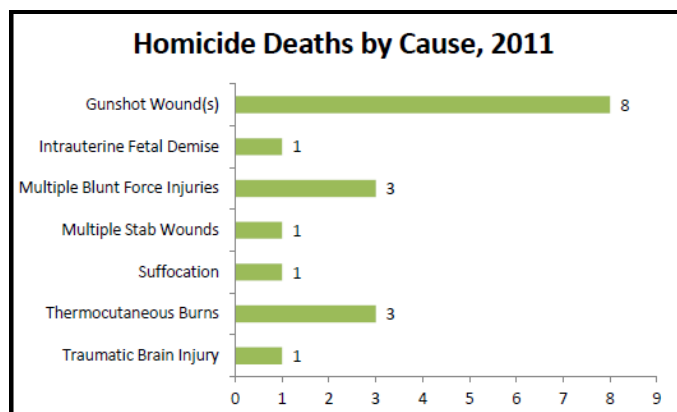
In 2011, 32% (n=10) of accident and traffic-related deaths were amongst children ages 0 – 5 with drowning being the leading cause. In fact, half of the children this age group died as a result of a drowning accident. The leading cause of death for teens ages 11 – 17 in this manner was vehicular blunt force trauma at 81%. In 2012, 42.9% (n=9) of accident and traffic related deaths were among children ages 0-5. The leading cause of death in this age group was drowning and suffocation. While multiple blunt force injuries were the leading cause of death in this category, 85.7% (n=6) of the deaths were concentrated among 11-17 year olds.

Accident & Traffic Death Causes by Age, 2011								
	N	%	< 1 month	1- 12 months	1- 5 years	6- 10 years	11- 15 years	16- 17 years
Blunt Force Abdominal Injury	1	3				1		
Blunt Force Head Injury	2	6					1	1
Choking	2	6			1	1		
Crush Injury of Head	1	3			1			
Drowning	6	19			5			1
Drug Overdose	2	6						2
Electrocution	1	3						1
Excessive Hemorrhaging	1	3		1				
Hyperthermia	1	3		1				
Massive Blunt Force Trauma	1	3					1	
Probable Suffocation	2	6		1				
Smoke Inhalation	1	3					1	
Vehicular Blunt Force Trauma	11	36				2	4	5

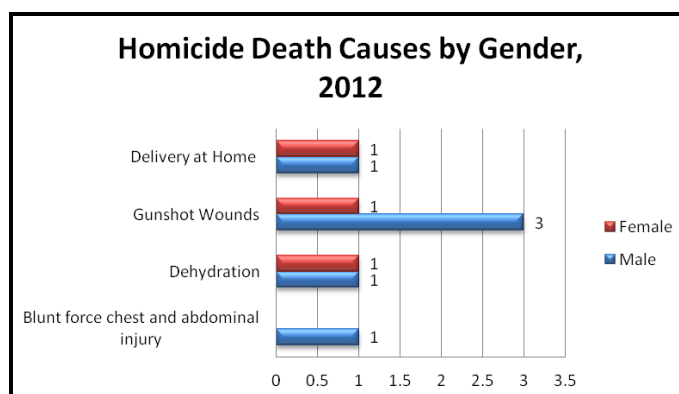
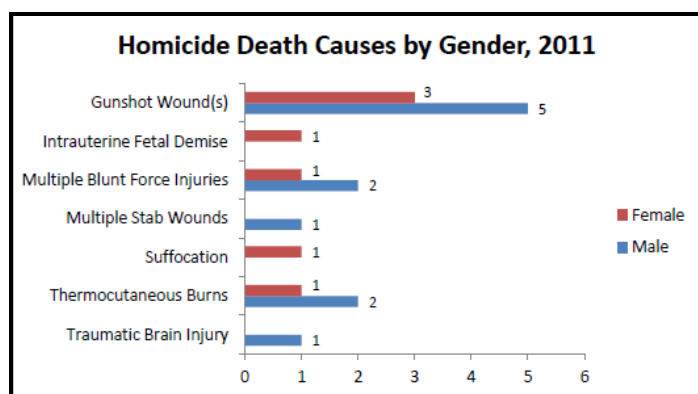
Accident & Traffic Death Causes by Age, 2012								
	N	%	<1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Multiple Blunt Force Injuries	7	33.3%				1	3	3
Blunt Head Trauma	1	4.8%			1			
Blunt Force Head Injury	2	9.5%			1		1	
Blunt Head Injuries	1	4.8%			1			
Cardiac arrest due to Respiratory Arrest, Hypoxic Ischemic Encephalopathy, Submersion Injury	1	4.8%				1		
Drowning	4	19.0%			2	1		1
Suffocation	2	9.5%		2				
Probable Suffocation	1	4.8%		1				
Cardio respiratory arrest due to probable seizure and blunt force head injury	1	4.8%	1					
Methamphetamine toxicity	1	4.8%						1

## Homicides

There were 18 children's homicide deaths in 2011, and 9 children's homicide deaths in 2012 within San Bernardino County. The number of homicides has decreased by half since 2011.



44% (n=8) of the homicide deaths were due to gunshot wounds in 2011, and 44% (n=4) in 2012. Gunshot wounds were the leading cause of death in both years. In 2011, deaths due to multiple blunt force injuries and thermocutaneous burns. One death was ruled a homicide and given a cause of intrauterine fetal demise because of intentional maternal blunt force trauma. In 2012, 22.2% (n=2) cases were dehydration due to child abuse and neglect. One child death was due to blunt force chest and abdominal injury caused by an adult. Two deaths were caused by being delivered at home.



Over half of all deaths due to homicide were among males in 2011 and 2012. The leading cause of homicide death, gunshot wounds, was most prevalent among males. In 2011, the leading cause of homicide deaths for females was gunshot wound; thermocutaneous burns and multiple blunt force injuries were also more among males than females. In 2012, Delivery at home and dehydration due child abuse and neglect had the same number of deaths for males and females.

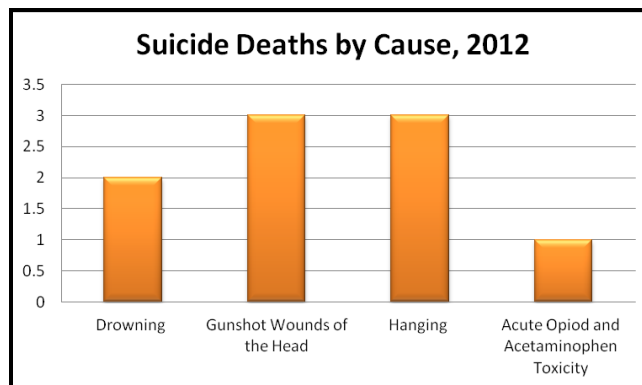
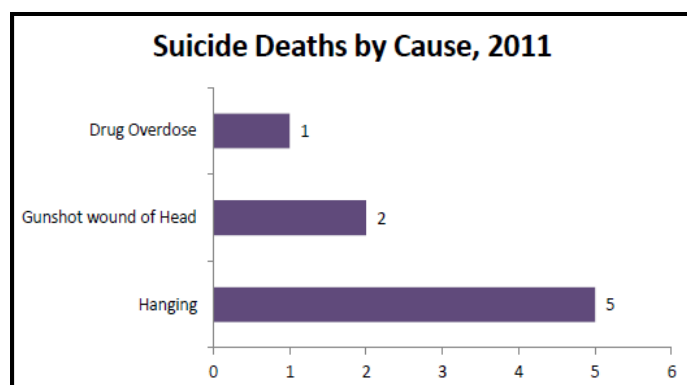
In 2011, 39% (7 cases) of homicide deaths were among children ages 0 – 5. The causes of death for these children were thermocutaneous burns, traumatic brain injury, suffocation, gunshot wound, and intrauterine fetal demise. Another 28% (5 cases) of homicide deaths were among teens ages 16 – 17. An overwhelming majority of youths died due to gunshot wounds. 55.6% (n= 5) of homicide deaths were of children were between the ages of 0-5. Of the children 0-5, 40% (n=2) were neonatal deaths (<1 month). 2 deaths due to gunshot wounds were of children between the age of 11-15, and the other two were of teenagers 16-17 years old.

Homicide Death Causes by Age, 2011								
	N	%	< 1 month	1- 12 months	1- 5 years	6- 10 years	11- 15 years	16- 17 years
Gunshot Wound(s)	8	44			1	1		6
Intrauterine Fetal Demise	1	6	1					
Multiple Blunt Force Injuries	3	16				1	1	1
Multiple Stab Wounds	1	6					1	
Suffocation	1	6		1				
Thermocutaneous Burns	3	16		1	2			
Traumatic Brain Injury	1	6		1				

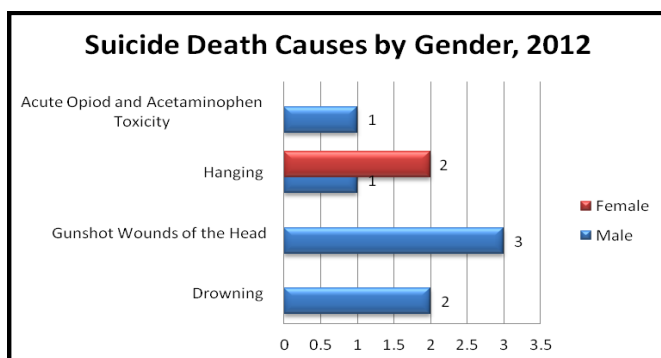
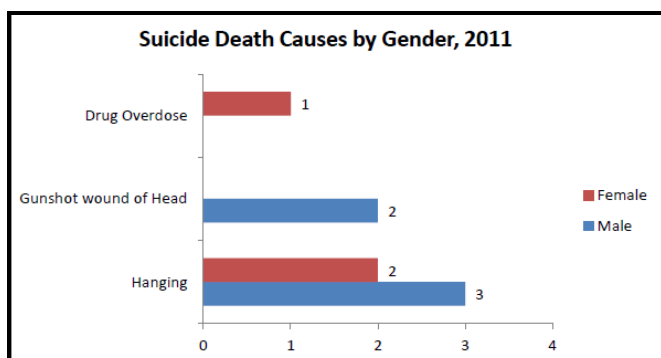
Homicide Death Causes by Age, 2012								
	N	%	< 1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Blunt force chest and abdominal injury	1	11.1%			1			
Dehydration due to child abuse and neglect	2	22.2%			2			
Gunshot Wounds	4	44.4%					2	2
Delivery at Home	2	22.2%	2					

## Suicides

Every year, a number of children die by suicide in San Bernardino County. In 2011, there were eight children that died by suicide. In 2012, there were 9 deaths by suicide.



Deaths by suicide had varying causes; however, the most common among them was hanging in 2011 and 2012. In 2011, 62.5% (n=5) of youth died by hanging themselves; in 2012 66.7% (n=6) of all suicide related deaths were due to hanging. In 2011, 25% (2 cases) died by a gunshot wound to the head, while one youth died from a drug overdose. In 2012, 22.2% (n=2) of all suicides were by drowning, leading it to be the second leading cause of suicide deaths and one death was due to acute opiod and acetaminophen toxicity.



As a trend that has been seen since 2009, males continue to outnumber females in suicide related deaths. In 2011, 63% of deaths were among males while about 37% were among females, there were almost as many females as males who died by hanging. In 2012, 77.8% of the total suicide deaths were males, while females represented 22.2%. Amongst females, the leading and only cause of death was suicide by hanging; hanging was the cause of death of one male in 2012.



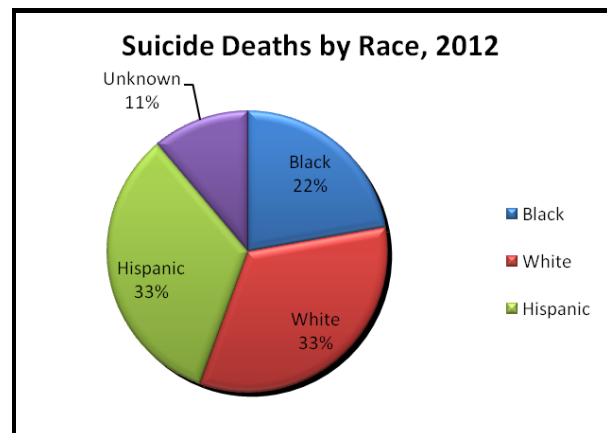
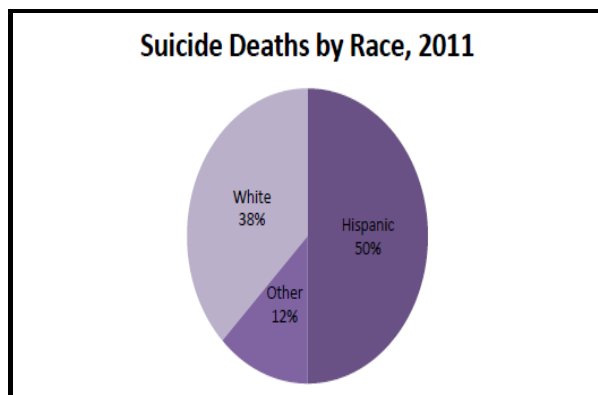
87.5% of all suicide deaths occurred among youth ages 11 – 17 in 2011. All deaths by gunshot wound to the head occurred among youth ages 16 -17. The majority of deaths by hanging, 60% (3 of 5 cases) occurred among youth 11 – 15 years of age. In 2012, most of the suicide cases involved teenagers between the age of 15-17 years old, they represented 88.9% (n=8) of the total deaths by suicide. The remaining death was of a child who was 11 years old.

Suicide Death Causes by Age, 2011								
	N	%	< 1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Drug Overdose	1	12.5					1	
Gunshot Wound of Head	2	25						2
Hanging	5	62.5				1	3	1

Suicide Death Causes by Age, 2012

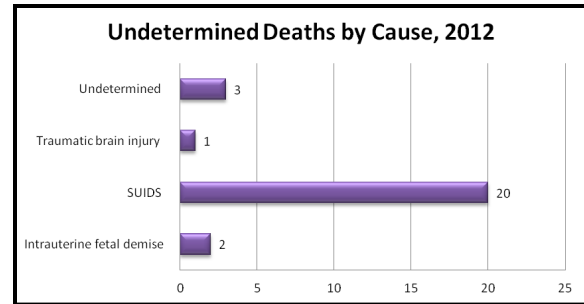
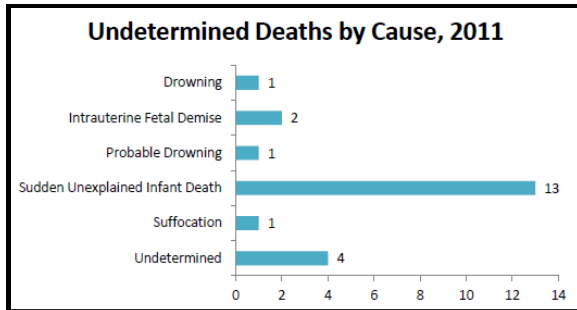
	N	%	< 1 month	1-12 months	1-5 years	6-10 years	11-15 years	16-17 years
Drowning	2	22.2%					1	1
Gunshot Wounds of the Head	3	33.3%						3
Hanging	3	33.3%					1	2
Acute opioid and acetaminophen toxicity	1	11.1%						1

In 2011, 50% of all suicide deaths among San Bernardino County children were Hispanic, 38% were White, while another 12% were identified as Other in 2011. In 2012, Whites and Hispanics represented 66.4% (n=6) of all suicide cases. The rate of suicides decreased from 2011 to 2012 among Hispanics and Whites.

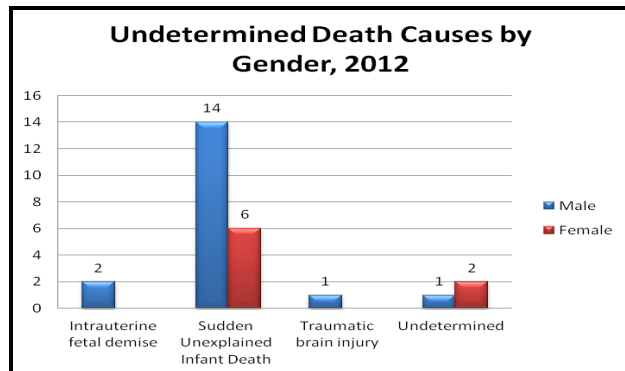
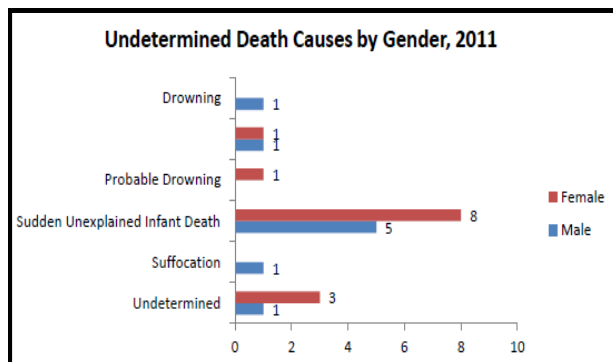


## Undetermined Deaths

Undetermined was the second leading manner of death in 2011 accounting for 22 of the 142 total children's deaths reviewed by CDRT. In 2012, 26 deaths with the manner of undetermined. Undetermined death was the second leading manner of death, behind natural deaths. The number of cases reviewed with an undetermined manner of death has increased from 2011.



In 2011, a majority of the undetermined deaths were assigned the cause of sudden unexplained infant death, accounting for 59% of deaths in 2011 and 76.9% in 2012. Like 2009 and 2010, sudden unexplained infant death remained the most common cause of undetermined deaths 2011.

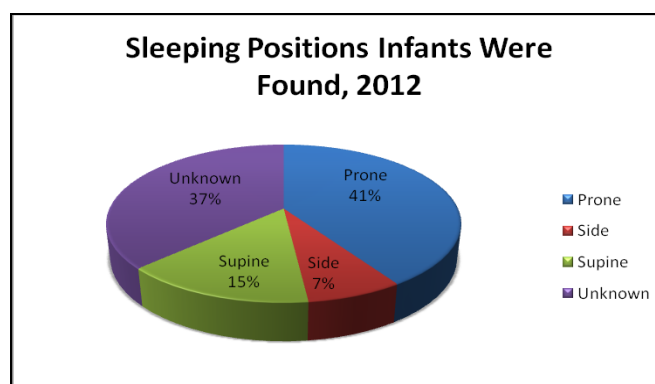
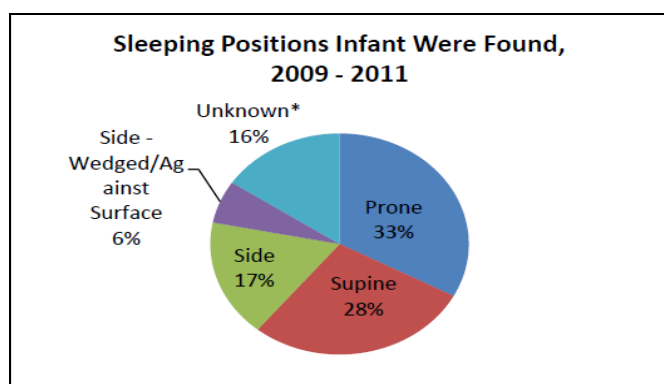
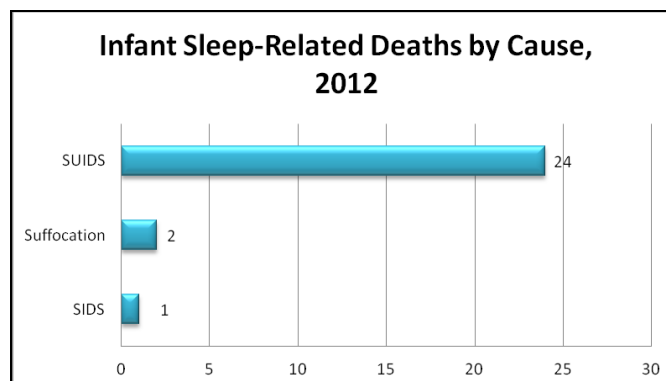
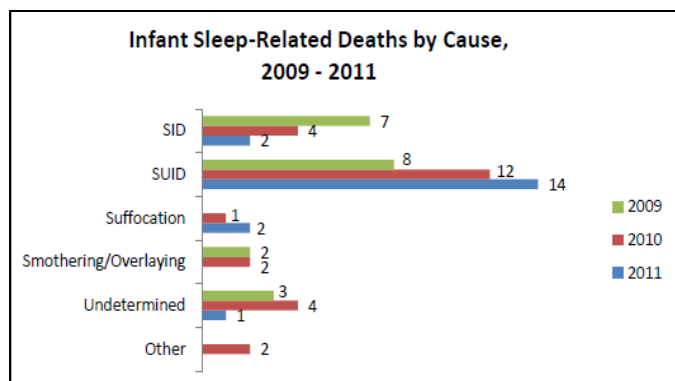


Sudden unexplained infant death was much more common females than males in 2011. In fact, 62% of female undetermined deaths were due to this cause. In 2012, males accounted for 70% (n=14) of the cases, while only 30% (n=6) were females. Furthermore, The only category that females represented with the most deaths was with the undetermined cases, accounting for 66.7% (n=2) of the deaths.

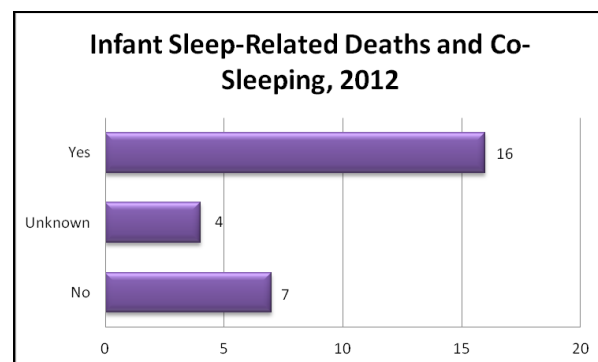
In 2011, 21 undetermined manner deaths occurred among children less than 12 months of age. In 2012, the undetermined manner of death cases occurred within the age range of 0-5 years. Children between the age of 1-12 months represented the highest number of deaths, accounting for 61.5% (n= 16) of the total. Lastly, the sudden unexplained infant deaths all occurred with children under the age of 12 months. These findings continue to stay true to the trends that have been seen since 2009.

## Special Topics: Infant Sleep-Related Deaths, 2011-2012

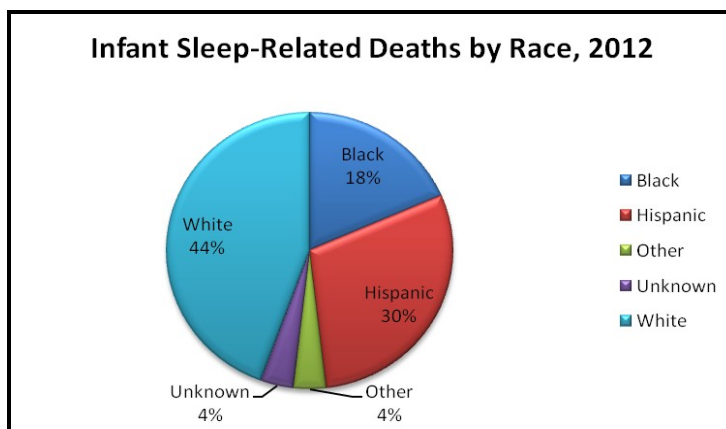
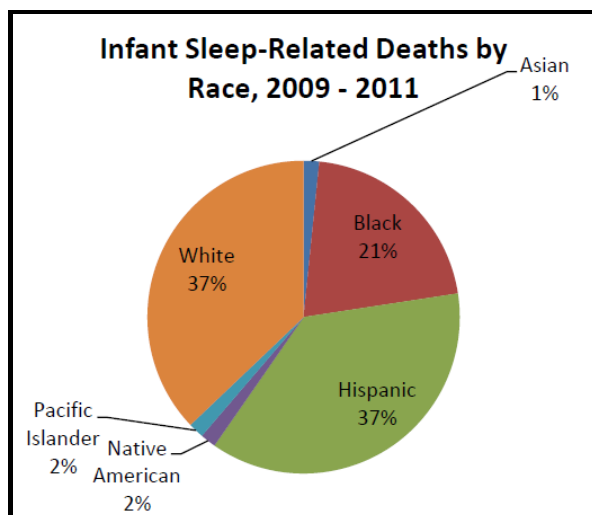
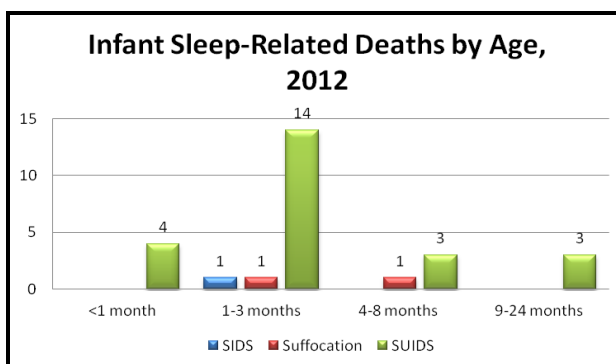
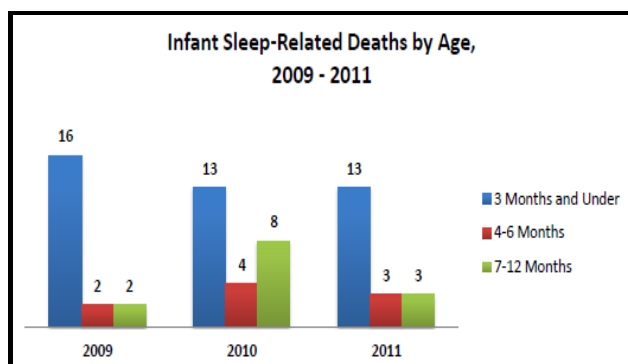
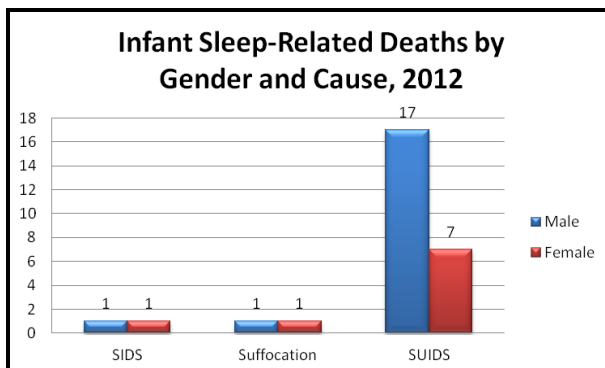
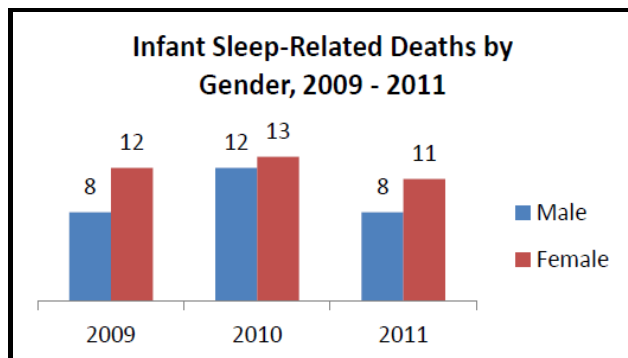
In 2011, 70% of these infants were known to have been bed/space sharing with a parent or family member. More specifically, 82% of these bed/space sharing circumstances involved sleeping with one or more parent. 59.3% (n=16) of these infants were known to have been bed/space sharing with a parent or family member. More specifically, 55.6% (n=15) of these bed/space sharing circumstances involved sleeping with one or more parent. Sleeping locations for bed sharing cases this year included the bed, the passenger seat of a car, parent's arm or chest, couch, and on top of a pillow. Note: The cases included in the study include deaths across multiple manners including natural and accident manner deaths.



Infant Sleep-Related Deaths and Bed Sharing Cases, 2009 - 2011			
YEAR	Infant Sleep-Related Deaths	Bed Sharing Cases	Bed Sharing Cases w/ One or More Parent
2009	20	14	12
2010	25	16	11
2011	19	15	14
<b>TOTAL</b>	<b>64</b>	<b>45</b>	<b>37</b>



Below is the demographic data that describes the infants who were found unresponsive in their sleeping environments and who subsequently died in 2011-2012.



## Natural Deaths

In 2011, The most common types of deaths in the natural category were associated with intrauterine fetal demise and/or severe prematurity at birth, acute conditions like sepsis, pneumonia, or other respiratory infections, and congenital or chronic conditions. Fetal demise cases made up almost 27% of all deaths.

Natural Deaths by Cause, 2011	
Cause of Death	Number of Deaths
Acute Asthma Exacerbation	1
Acute Laryngitis	1
Acute Lymphocytic Myocarditis	1
Acute Myocarditis	1
Acute Respiratory Tract Infection	1
Asthma	1
Bone Cancer	1
Brain Cancer	1
Bronchiopulmonary Dysplasia	1
Bronchopneumonia due to Asthma	1
Bronchopneumonia due to Cerebral Palsy	1
Cardiopulmonary Arrest due to Spinal Muscular Atrophy	1
Complications of Cerebral Palsy	1
Complications of Multiple Congenital Anomalies	1
Complications of Prematurity	1
Complications of Subglottic Stenosis	1
Congenital Heart Defects	3
Cystic Fibrosis	1
Ehlers-Danlos Syndrome	1
Gaucher's Disease	1
Hypoxic-ischemic Encephalopathy	1
Intrauterine fetal Demise due to Chorioamnionitis	1
Intrauterine Fetal Demise due to Maternal Drug Use	4
Intrauterine Fetal Demise due to Maternal Placental Abruption	2
Intrauterine Fetal Demise, Etiology Unknown	3
Intraventricular Hemorrhage	1
Leukemia	1
Lissencephaly	1
Multiorgan System Failure due to Septic Shock Unknown	1
Muscular Dystrophy	2
Neonatal Necrotizing Pseudomembranous Enterocolitis	1
Pneumonia	4
Pulmonary Stenosis	1
Seizure	1
Sepsis	6
Sequelae of Congenital Neurodevelopmental Disorder	1
Severe Prematurity, Etiology Unknown	7
Sudden Infant Death Syndrome	2
Sudden Unexplained Infant Death	1

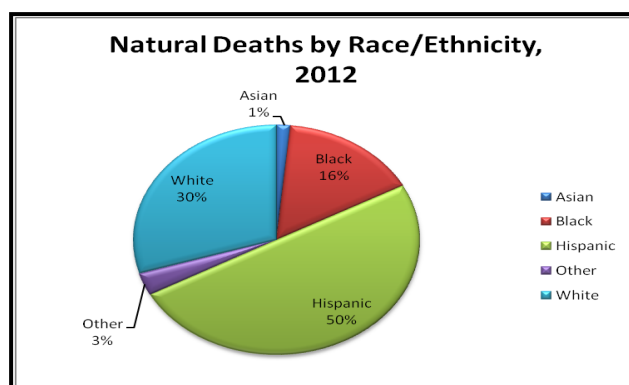
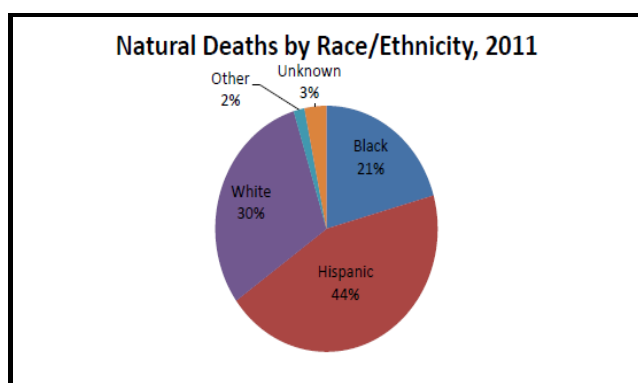
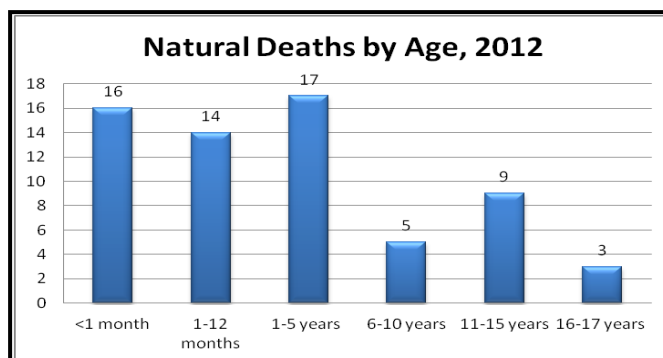
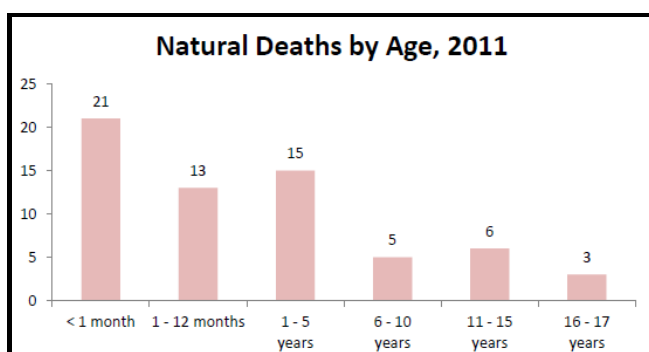
## Natural Deaths

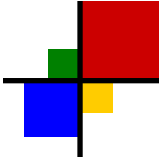
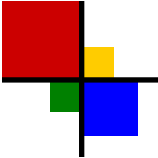
In 2012, the majority of San Bernardino County children's deaths were classified as being natural in manner. Furthermore, natural deaths accounted for 49.6% (n=64) of all child deaths reviewed by CDRT. Below is a listing of the natural death causes as well as the corresponding number of deaths associated with each cause.

Natural Manner Deaths, 2012	Number
Acute asthma exacerbation due to asthma	1
Acute pulmonary hemorrhage, etiology unknown	1
Acute respiratory infection probably viral	1
Acute upper and lower respiratory infection, probably viral	1
Atrioventricular canal defect with pulmonary atresia	1
Brain injury due hypoglycemia due acute lymphoblastic leukemia	1
Bronchopneumonia ; cerebral palsy	1
Cardiac arrest due to maternal methamphetamine ingestion	1
Cardiac arrest due to septic shock, necrotizing enterocolitis status post bowel resection, klebsiella pneumonia	1
Cardiac arrhythmia due to multi focal myocardial ischemia and thrombotic micro angiopathy	1
Cardiogenic shock due to dilated cardiomyopathy unspecified etiology	1
Cardiogenic shock due to low cardiac output syndrome; right ventricular outflow tract obstruction; tetralogy of fallout	1
Cardiopulmonary arrest due to end stage heart disease, tetralogy of allot with severe pulmonic stenosis, and neurofibromatosis type 1 with noonan syndrome phenotype	1
Cardiopulmonary arrest due to profound mental retardation, severe neonatal hypoxia	1
Cardiopulmonary arrest due to progressive encephalopathy due to Chiari II Malformation	1
Cardiopulmonary arrest due to prolapsed umbilical cord and spontaneous ruptured membrane	1
Cardiopulmonary arrest due to shock, end stage renal disease, and post transplant coronary artery disease	1
Cardiovascular collapse due to congenital aortic valve disease	1
Catastrophic streptococcus pneumoniae meningitis	1
Cerebral ischemia due to cardiogenic shock, subarachnoid intraparenchymal hemorrhage, cerebral arteriovenous malformation	1
Complex congenital cardiac anomalies	1
Complication of aortic valve stenosis and aortic stenosis	1
Complications of congenital left diaphragmatic hernia	1
Complications of cranial vault aplasia	1
Complications of Down's Syndrome	1
Complications of hypoxic-ischemic encephalopathy due to croup with haemophilus influenza pneumonia	1
Complications of prematurity with septo-optic dysplasia	1
Congenital diaphragmatic hernia left due to pulmonary hyperplasia & pulmonary hypertension	1
Embryonal brain tumor	1
Etiology unknown	1
Fetal Demise	1
Fungi sepsis due pneumonia, bronchiectasis, cystic fibrosis	1
Intrauterine fetal demise , etiology unknown	4
Intrauterine infection due to cord accident abruption and placental abruption	1
Maternal Hypertension	1
Metastatic carcinoma of right femur bone	1
Miller-Dieker Syndrome	1
Multiorgan system failure due to septic shock & streptococcus pneumoniae	1
Multiple congenital anomalies	1
Multisystem organ failure due to respiratory failure and gram negative septic shock	1
Placenta abruption	1
Poorly differentiated brainstem glioma	1
Poorly differentiated pontine glioma	1
Prematurity due to cord accident	1
Prematurity due to preterm premature rupture of membranes and chromioamniotitis	1
Prematurity, Etiology Unknown	1
Presumed systemic viral illness	1
Probable seizure due to congenital cerebral malformation	1
Probable systemic viral infection of undetermined etiology	1
Refractory severe hypoxia due to irreversible end stage lung disease, chronic interstitial lung disease, dermatomyositis	1
Respiratory arrest due to chronic lung disease and lung disease	1
Respiratory arrest secondary to multilobar pneumonia	1
Rhabdomyosarcoma	1
Ruptured cerebral arteriovenous malformation	1
Sanfilippo syndrome	1
Septic shock; gram negative bacterial	1
Sudden Infant Death Syndrome	1
Streptococcus Pyogenes Sepsis	1
Sudden Unexplained Infant Death	3
Grand Total	64

In 2011, Approximately 60% (38 cases) of natural manner deaths occurred among males followed by 40% (25 cases) of females. Compared to other age ranges, children ages 0 – 5 comprised an overwhelming majority of natural deaths at 78% (49 cases). Of these, over half were children less than one year of age. Almost half (44%) of all children who died by a natural manner in San Bernardino County were Hispanic, 30% were Black, and 21% were White. The remaining children were Other or Unknown .

In 2012, The most common types of deaths of a natural manner were intrauterine fetal demise and SUIDS. 9.38% (n=6) of the total natural manner deaths were intrauterine fetal demise, and SUIDS represented 6.25% of the total death. 54.7% (n=35) of the total natural manner deaths were males, following the same trend that has been seen across all other manners. Females represented 45.3% (n=29) of the total deaths. Compared to other age ranges, children ages 0-5 comprised the majority of natural manner deaths at 73.4% (n=47). Children in the 1-5 age range had the highest total number of deaths at 26.6% of total natural manner deaths. 50% of all natural manner deaths in San Bernardino County were Hispanic, 30% were white, 16% were Black.





# **Children and Family Services Report, 2012-2013**

San Bernardino County



## *Mission of Children and Family Services*

Children and Family Services (CFS) protects endangered children, preserves and strengthens their families, and develops alternative family settings. Services mandated by law and regulation will be provided in the least intrusive manner with a family centered focus. This mission is accomplished in collaboration with the family, a wide variety of public and private agencies, and members of the community.

### *Current Status*

CFS provides family-centered programs and services designed to ensure safety, permanency and well-being for San Bernardino County's children while strengthening and attempting to preserve the family unit. CFS helps prevent further harm to children from intentional physical or mental injury, sexual abuse, exploitation or neglect by a person responsible for a child's health or welfare. Services provide support for families and strive towards reducing risks to children, improving parenting skills, and strengthening social support networks.

### *Safety*

The highest priority for CFS is to ensure the safety of children in San Bernardino County. Allegations of abuse and neglect are primarily received through the Child and Adult Abuse Hotline (CAAHL), and from there, referred to the appropriate region for continued investigation/evaluation. The following table shows the number and type of allegations for 2013 and how they were disposed:

Children with one or more Allegations for Jan 1, 2013 to Dec 31, 2013						
<u>Allegation Type</u>	<u>Disposition Type</u>					
	<u>Substantiated</u>	<u>Inconclusive</u>	<u>Unfounded</u>	<u>Assessment Only/ Evaluated Out</u>	<u>Not Yet Determined</u>	<u>Total Allegations</u>
Sexual Abuse	330	545	1,719	1,073	30	3,697
Physical Abuse	430	768	4,729	948	47	6,922
Severe Neglect	295	105	553	60	4	1,017
General Neglect	2,957	2,349	9,096	4,204	203	18,809
Exploitation	1	1	3	4	.	9
Emotional Abuse	53	83	67	27	1	231
Caretaker Absence/ Incapacity	547	169	770	96	12	1,594
At Risk, Sibling Abused	258	308	2,652	257	87	3,562
Total	4,871	4,328	19,589	6,669	384	35,841

CAAHL receives and processes calls from the community regarding suspected abuse, neglect and exploitation of children, elderly and dependent adults. Screeners staff the phone 24 hours a day, 7 days a week. The Hotline is staffed with one Supervisor from the Department of Adult and Aging Services, 5 CFS Supervisors, a team of Intake Specialists and Clerical staff. CAAHL has a Kids Corner available for social workers to bring children while waiting to find emergency placements and relative approval placements after hours. There is a play room, video games, movies, a kitchen, a sleeping room and office equipment with a computer telephone and printer to assist the after-hours social worker.

CFS has maintained partnerships with the surrounding counties regarding the crossover referrals. Our leadership participates with eight Southern California Counties in a Memorandum of Understanding (MOU), attending quarterly meetings for coordination of response on these cross jurisdictional issues.

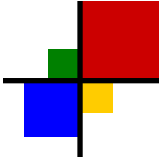
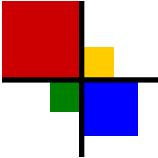
A number of options are available to Social Workers investigating referrals for abuse and neglect, one of which is removal from the home and entry into the foster care system.

The following table shows the number of entries for 2013 by Race/Ethnicity:

Foster Care Entries by Race/Ethnicity, 2013			
Race/Ethnicity	# Entered	% of Entries	% Gen. Pop.
African American/Black	467	19.37%	8.5%
American Indian/Alaska Native	8	0.33%	0.3%
Asian American/Pacific Islander	23	0.95%	4.8%
Hispanic/Latino	1196	49.61%	61.1%
White	688	28.54%	22.2%
Missing	29	1.20%	na
<b>Total</b>	<b>2411</b>	<b>100.00%</b>	<b>na</b>

Entry into the foster care system may mean placement in an out-of-home setting. In 2013, a total of 2,022 children were removed from their homes and put into some kind of out-of-home placement. The chart below shows the kinds of placements, and the number of children in them in the beginning middle and end of 2013. Notably, the number and proportion of relative placements increased through 2013 from 1,520 in January, 2013 (35.1%) to 1,743 in December, 2013 (37.4%).

	Dec-13	Jun-13	Jan-13
<b>Court Specified</b>	15	17	34
<b>Foster Homes</b>	267	307	263
<b>FFAs</b>	1411	1418	1363
<b>Group Homes</b>	294	276	268
<b>Guardian Homes</b>	783	777	778
<b>Non-FC</b>	39	46	46
<b>Relative Homes</b>	1743	1654	1520
<b>Small Family Homes</b>	28	27	26
<b>SILP</b>	79	57	29
<b>Tribe Spec. Home</b>	0	1	0
<b>Total</b>	<b>4659</b>	<b>4580</b>	<b>4327</b>



Notably, and in accordance with current statute and regulations, the primary placement is relative or kin placement. The number and proportion of relative placements increased through 2013 from 1,520 in January, 2013 (35.1%) to 1,743 in December, 2013 (37.4%).

### *Permanency*

The purpose of placement is to ensure the safety of the child until the child can be safely reunified with the parents or guardians, or another permanent option, such as guardianship or adoption, can be established. The following table shows the number and kind of exits to Permanency from 2011 to 2013:

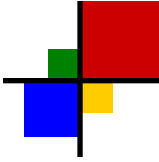
Children exiting, any time in care			
	2011	2012	2013
Reunified	1,084	1,080	1,078
Adoption	251	386	408
KinGAP	38	78	138
Other Guard	51	101	89
Total	1,770	1,913	1,930

Reunification is still the primary means to achieve permanency and, eventually, more than half of the children that enter out-of-home placement do return to their parents. The table also illustrates that, since 2011, the other forms of permanency have been expanding.

### *Well-Being*

Safety and permanency can be expressed quantitatively using a variety of well-established measures. Well-Being on the other hand reflects more on the quality of a child's life and is gauged by those measurable items that imply proper care is being received. For example, the incidence of medical and dental visits, whether the child has individualized education plan or if they have graduated from school.

It is also presumed that relative placement generally improves the quality of a child's life compared to other forms of placements because the connections to the larger family are maintained and the child remains within their own culture. For older youths, participation in Independent Living Program (ILP) services demonstrates positive engagement in building healthy and lasting life skills. For San Bernardino County, of 1,205 eligible youth 16 or older, 1,045 (86.7%) participated in some way in ILP services.



The following table shows ILP participation for 2013:

ILP Service Type	Youth Rcvd	% Served
ILP - Career/Job Guidance	419	40.1%
ILP - Consumer Skills	219	21.0%
ILP - Education	747	71.5%
ILP - Education Financial Assistance	164	15.7%
ILP - Education/Post-Secondary	388	37.1%
ILP - Employment/Vocational Training	333	31.9%
ILP - Financial Assistance Other	302	28.9%
ILP - Health Care	385	36.8%
ILP - Home Management	314	30.0%
ILP - Housing Options/Locations/THPP	170	16.3%
ILP - Interpersonal/Social Skills	321	30.7%
ILP - Mentoring	251	24.0%
ILP - Money Management	312	29.9%
ILP - Needs Assessment	519	49.7%
ILP - Parenting Skills	42	4.0%
ILP - Room & Board Financial Assistance	20	1.9%
ILP - Transitional Housing	53	5.1%
ILP - Transportation	173	16.6%

### **The System Improvement Plan**

Child abuse and neglect are serious, growing and complicated problems. Providing for the safety, permanency and well-being of children requires thoughtful and comprehensive planning.

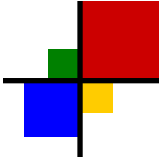
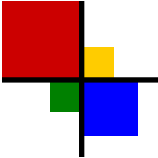
In 2004, the California Child and Family Services Review (C-CFSR) went into effect. The C-CFSR is a way for child welfare agencies to establish practical goals and develop the means to achieve them, by drawing a map to follow over five years. That map is called the System Improvement Plan (SIP).

Every five years the County renews the cycle of improvement by conducting a thorough assessment and developing a new SIP. The System Improvement Plan is not a fixed set of goals. After reaching one goal, another must be selected. This is called Continuous Quality Improvement (CQI).

The targeted SIP Goals and Strategies are:

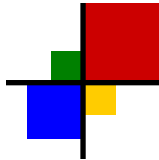
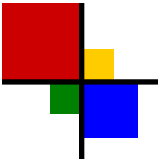
- Improve Timely Reunification and
- Increase Permanent Placements for children in care more than two years (permanency).

To achieve these goals the SIP includes 18 strategies. For each strategy there are specific time limited milestones that need to be achieved.



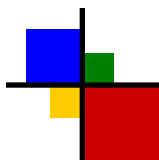
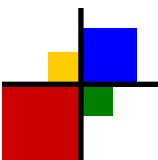
On March 26, 2013 at California State University San Bernardino (CSUSB), CFS and Probation hosted a convening of the extended C-CFSR team to develop San Bernardino County's SIP. Representatives from Community and Faith Based Organizations, Service Providers, Healthcare agencies, Mental Health agencies, Student associations, Law Enforcement, CASA, the Policy Council, Juvenile Court, Education agencies, First 5, Foster Care and Group Homes, Training Centers, Tribes, Parent Partners, Peer and Family Assistants and County Departments participated.

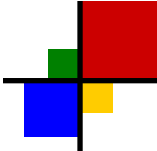
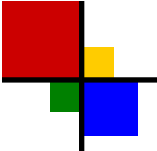
The 135 individuals present were provided with background information and a review of the C-CFSR to date. Speakers included the Director, Deputy Directors, Managers and Supervisors of CFS, the Probation Division Director, a Deputy Director of the Department of Behavioral Health, a Peer and Family Assistant and a Parent Partner. Afterwards the team was divided into six (6) focus groups that discussed a variety of areas of potential improvement.



# **Transitional Assistance Department Data, 2012-2013**

San Bernardino County





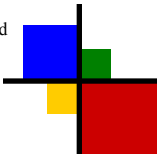
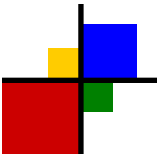
The **Transitional Assistance Department (TAD)** of the San Bernardino County is responsible for administering the Department's financial support programs to persons in need of financial, and/or nutritional and/or medical assistance. The goals of TAD are to meet the basic needs of families and individuals, while working with them to attain self-sufficiency, and to promote work and personal responsibility.

The following are excerpts from the 2012 report entitled, "County Residents Receiving Aid Distribution by Cities." The information is in regards to the distribution of CalWORKs (cash benefits), CalFresh (Food Stamps), and Medi-Cal in the cities and communities in San Bernardino County. The benefits populations refer to persons not families. Overall, the number of persons receiving CalWORKs decreased 5.1%, while CalFresh increased 7.5%.

**Cities' Cash Benefit Population Ranked by Percentage of Population  
January 2012**

<b>CITY</b>	<b>% OF POPULATION ON CASH AID</b>
<b>Adelanto</b>	<b>14.2%</b>
<b>Barstow</b>	<b>12.8%</b>
<b>San Bernardino</b>	<b>12.4%</b>
<b>Needles</b>	<b>10.4%</b>
<b>Victorville</b>	<b>9.3%</b>
<b>Hesperia</b>	<b>8.0%</b>
<b>Colton</b>	<b>7.9%</b>
<b>Apple Valley</b>	<b>7.9%</b>
<b>Yucca Valley</b>	<b>7.3%</b>
<b>Highland</b>	<b>6.7%</b>
<b>Rialto</b>	<b>5.3%</b>
<b>Fontana</b>	<b>5.1%</b>
<b>Ontario</b>	<b>4.4%</b>
<b>Montclair</b>	<b>4.1%</b>
<b>Big Bear Lake</b>	<b>3.5%</b>
<b>Redlands</b>	<b>3.1%</b>
<b>Upland</b>	<b>2.9%</b>
<b>Yucaipa</b>	<b>2.8%</b>
<b>Twentynine Palms</b>	<b>2.7%</b>
<b>Loma Linda</b>	<b>2.4%</b>
<b>Unincorporated</b>	<b>2.4%</b>
<b>Chino</b>	<b>2.3%</b>
<b>Grand Terrace</b>	<b>2.2%</b>
<b>Rancho Cucamonga</b>	<b>1.8%</b>
<b>Chino Hills</b>	<b>0.7%</b>

1 Source: Exhibit I- Cities' Cash Benefit Population Ranked by Percentage Population. 2012 Report: County Residents Receiving Aid Distribution by Cities. Prepared by HS Legislation and Research Unit, June 2012.





**Welfare Population Statistics by City  
San Bernardino County  
January 2012**

CITY	CASH BENE- FIT*	ONLY CAL FRESH & MEDI-CAL	ONLY MEDI- CAL	ONLY CALFRESH	TOTAL ON AID	GENERAL POP**	% OF PEO- PLE ON AID
Adelanto	4,401	4,682	3,361	2,156	14,600	31,066	47.0%
Apple Valley	5,512	6,077	5,065	3,253	19,907	70,033	28.4%
Barstow	2,943	3,214	2,523	2,097	10,777	23,019	46.8%
Big Bear Lake	177	276	475	207	1,135	5,088	22.3%
Chino	1,782	2,876	5,217	1,504	11,379	79,171	14.4%
Chino Hills	555	819	2,409	579	4,362	75,655	5.8%
Colton	4,169	4,965	5,342	4,499	18,975	52,690	36.0%
Fontana	10,149	14,697	21,515	8,811	55,172	199,898	27.6%
Grand Terrace	269	372	509	338	1,488	12,157	12.2%
Hesperia	7,251	9,357	8,065	6,003	30,676	91,033	33.7%
Highland	2,870	3,545	3,616	1,868	11,899	53,664	22.2%
Loma Linda	572	849	1,270	513	3,204	23,389	17.7%
Montclair	1,519	2,405	4,240	953	9,117	37,163	24.5%
Needles	508	416	398	390	1,712	4,894	35.0%
Ontario	7,358	11,352	18,276	6,754	43,740	166,134	26.3%
Rancho Cucamonga	2,991	4,412	6,921	3,982	18,306	169,498	10.8%
Redlands	2,171	2,969	4,003	2,966	12,109	69,498	17.4%
Rialto	6,782	8,511	9,464	4,548	29,305	100,606	29.1%
San Bernardino	26,261	29,282	25,476	20,178	101,197	211,674	47.8%
Twentynine Palms	693	844	918	776	3,231	25,713	12.6%
Upland	2,150	2,943	4,521	1,792	11,406	74,568	15.3%
Victorville	11,084	13,618	10,658	8,244	43,604	119,059	36.6%
Yucaipa	1,477	2,201	3,212	1,532	8,422	52,100	16.2%
Yucca Valley	1,484	1,763	1,865	1,431	6,543	20,196	32.4%
Unincorporated	7,187	9,237	11,347	7,127	34,898	295,233	11.8%
<b>TOTAL</b>	<b>112,315</b>	<b>141,682</b>	<b>160,666</b>	<b>92,501</b>	<b>507,164</b>	<b>2,063,199</b>	<b>24.6%</b>

Source: Exhibit III- Cities' Cash Benefit Population Ranked by Percentage Population. 2012 Report: County Residents Receiving Aid Distribution by Cities. Prepared by HS Legislation and Research Unit, June 2012.

**Cash Benefit Population Statistics by City  
San Bernardino County  
January 2012**

CITY	January 2012		January 2011	
Adelanto	4,401	14.2%	4,834	15.2%
Apple Valley	5,512	7.9%	5,549	8.0%
Barstow	2,943	12.8%	3,018	13.3%
Big Bear Lake	177	3.5%	184	3.7%
Chino	1,782	2.3%	1,920	2.5%
Chino Hills	555	0.7%	578	0.7%
Colton	4,169	7.9%	4,313	8.3%
Fontana	10,149	5.1%	10,922	5.6%
Grand Terrace	269	2.2%	341	2.8%
Hesperia	7,251	8.0%	7,822	8.7%
Highland	2,870	5.3%	3,184	6.0%
Loma Linda	572	2.4%	568	2.4%
Montclair	1,519	4.1%	1,682	4.6%
Needles	508	10.4%	553	11.4%
Ontario	7,358	4.4%	7,991	4.9%
Rancho Cucamonga	2,991	1.8%	3,277	2.0%
Redlands	2,171	3.1%	2,367	3.4%
Rialto	6,782	6.7%	6,899	7.0%
San Bernardino	26,261	12.4%	27,607	13.2%
Twentynine Palms	693	2.7%	824	3.3%
Upland	2,150	2.9%	2,281	3.1%
Victorville	11,084	9.3%	11,222	9.7%
Yucaipa	1,477	2.8%	1,654	3.2%
Yucca Valley	1,484	7.3%	1,524	7.4%
Unincorporated	7,187	2.4%	7,224	2.5%
<b>TOTAL</b>	<b>112,315</b>	<b>5.4%</b>	<b>118,338</b>	<b>5.8%</b>

Source: Exhibit IV- Cities' Cash Benefit Population Ranked by Percentage Population. 2012 Report: County Residents Receiving Aid Distribution by Cities. Prepared by HS Legislation and Research Unit, June 2012.

**CalFresh Population Statistics by City  
San Bernardino  
January 2012**

	January 2012		January 2011	
CITY				
Adelanto	11,201	36.10%	4,834	15.20%
Apple Valley	14,628	20.90%	5,549	8.00%
Barstow	8,228	35.70%	3,018	13.30%
Big Bear Lake	649	12.80%	184	3.70%
Chino	6,111	7.70%	1,920	2.50%
Chino Hills	1902	2.50%	578	0.70%
Colton	13,515	25.70%	4,313	8.30%
Fontana	33,320	16.70%	10,922	5.60%
Grand Terrace	969	8.00%	341	2.80%
Hesperia	22,409	24.60%	7,822	8.70%
Highland	8,208	15.30%	3,184	6.00%
Loma Linda	1915	8.20%	568	2.40%
Montclair	4,812	12.90%	1,682	4.60%
Needles	1305	26.70%	553	11.40%
Ontario	25,257	15.20%	7,991	4.90%
Rancho Cucamonga	11,212	6.60%	3,277	2.00%
Redlands	8,031	11.60%	2,367	3.40%
Rialto	19,611	19.50%	6,899	7.00%
San Bernardino	75,191	35.50%	27,607	13.20%
Twentynine Palms	2298	8.90%	824	3.30%
Upland	6,811	9.10%	2,281	3.10%
Victorville	32,536	27.30%	11,222	9.70%
Yucaipa	5,102	9.80%	1,654	3.20%
Yucca Valley	4,623	22.90%	1,524	7.40%
Unincorporated	23,320	7.90%	7,224	2.50%
<b>TOTAL</b>	<b>343,164</b>	<b>16.60%</b>	<b>319,100</b>	<b>15.70%</b>

Source: Exhibit V- Cities' Cash Benefit Population Ranked by Percentage Population. 2012 Report: County Residents Receiving Aid Distribution by Cities. Prepared by HS Legislation and Research Unit, June 2012.

**Unincorporated Welfare Population by Zip Code  
At January 1, 2012**

Zip	Community	Cash Benefits	Medi-Cal & Cal-Fresh Only	Medi-Cal Only	CalFresh Only
92242	Earp	18	20	36	18
92252	Joshua Tree	477	620	744	414
92256	Morongo Valley	187	225	217	161
92285	Landers	122	142	201	188
92305	Angelus Oaks	***	21	***	19
92309	Baker	***	83	175	15
92310	Fort Irwin	17	***	28	239
92314	Big Bear City	360	530	678	363
92316	Bloomington	1695	2,528	3,635	1,401
92317	Blue Jay	44	44	89	28
92321	Cedar Glen	44	46	118	27
92322	Cedarpines Park	32	37	29	25
92325	Crestline	398	437	393	427
92327	Daggett	58	50	47	59
92339	Forest Falls	***	15	17	28
92342	Helendale	228	236	258	228
92344	Oak Hills	286	314	286	262
92347	Hinkley	99	135	158	91
92352	Lake Arrowhead	133	221	280	187
92356	Lucerne Valley	459	496	483	509
92358	Lytle Creek	31	27	42	44
92359	Mentone	289	417	537	274
92365	Newberry Springs	132	166	208	144
92368	Oro Grande	134	88	129	87
92371	Phelan	914	1110	1112	798
92372	Pinion Hills	238	270	278	252
92378	Rim Forest	17	17	35	25
92382	Running Springs	100	192	192	153
92386	Sugarloaf	113	138	108	117
92391	Twin Peaks	58	110	153	89
92397	Wrightwood	109	162	146	115
92398	Yermo	107	91	98	76
93562	Trona	122	116	128	88

Source: Exhibit VI- Cities' Cash Benefit Population Ranked by Percentage Population. 2012 Report: County Residents Receiving Aid Distribution by Cities. Prepared by HS Legislation and Research Unit, June 2012.

\*\*\*Counts of less than 15 and amounts less than \$3,000 are not included.



# **Children's Assessment Center Report, 2012-2013**

San Bernardino County

The Children's Assessment Center (CAC), established in 1994, provides forensic interviews and evidentiary medical examinations to assist in the evaluation of child abuse allegations and to coordinate services in a child-focused atmosphere, thus reducing the trauma to child victims and their families. Forensic pediatricians, nurses, social workers, clinicians, and victim witness advocates treat these children together with dignity and compassion, reducing their trauma and providing a sense of stability during a difficult time.



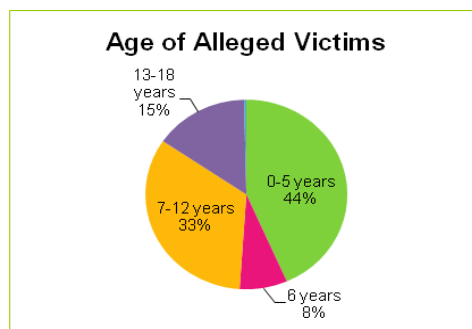
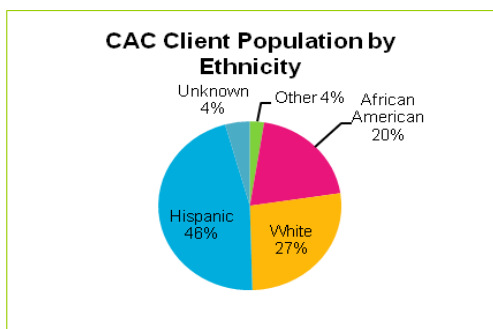
The Children's Network supports the Children's Assessment Center (CAC) in a variety of ways. The Network Officer is a member of the Advisory Board for the CAC. This past year has consisted of expanding staff and services, as well as moving to a new state-of-the-art facility near the Juvenile Court in San Bernardino, to better meet the needs of our clients.

Services at the CAC include forensic interviews by CFS workers who have received specialized training in child forensic interviewing. Physicians who are Forensic Pediatric Specialists perform evidentiary medical exams. Written reports are provided regarding the outcomes of the interview and medical appointments. Clinical staff from the Department of Behavioral Health provides crisis intervention, and referrals for counseling are provided to family members by a Victim Witness Advocate from the District Attorney's office assigned at the Center.

San Bernardino County Executive Officer, Greg Devereaux, currently leads this partnership. Other partners include leaders from Children's Fund, Loma Linda University Medical Center and the following County Departments: Children and Family Services, San Bernardino County Sheriff's Department, District Attorney, Department of Behavioral Health, Department of Public Health, Children's Network, the Police Chiefs' Association, and First 5 San Bernardino.

#### ***CAC Client Demographic Data for 2013***

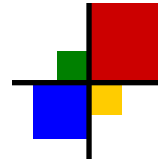
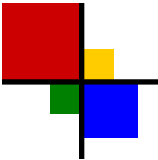
A total of 1388 children were served in 2013. Of these, 520 (37%) were male and 868 (63%) were female



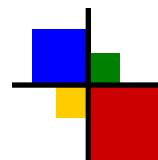
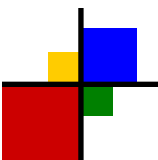
In 2013, 1000 medical exams were provided both through inpatient and outpatient care. Of the medical services provided, approximately 200 cases originated in the hospital and were seen for follow-up care at the Center. Another 799 were seen at the CAC for forensic medical exams. Specially trained forensic interviewers conducted 920 forensic interviews with San Bernardino County children. There were 1042 counseling appointments and referrals.

Notably, of the various types of abuse experienced by victims who are seen at the CAC,

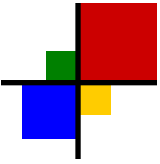
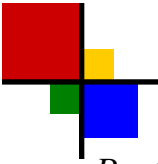
853 cases were for Sexual Abuse,  
472 cases were for Physical Abuse, and  
266 cases were Witnesses to Violence.



# **Partnership for Healthy Mothers and Babies Program, 2012-2013**







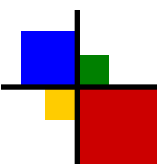
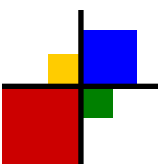
## *Partnership for Healthy Mothers and Babies Program*

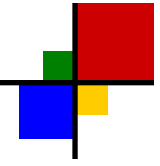
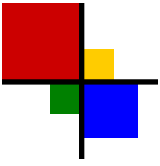
The Partnership for Healthy Mothers and Babies Program is a collaborative effort between First 5 San Bernardino, Department of Public Health, and Department of Behavioral Health. The Program was implemented in 2004 under the name, Perinatal SART Program to serve women who use tobacco, alcohol, and illicit drugs during pregnancy to decrease the adverse effects to women and unborn children in the County of San Bernardino. The Program partners with community agencies and private providers for outreach and collaboration for delivery of perinatal services.

The Mission of Partnership for Healthy Mothers and Babies Program is to institute a process of screening and assessment for pregnant women in the County of San Bernardino for drug, alcohol, tobacco use and/or abuse followed by referral to appropriate treatment programs.

To accomplish this, the Partnership for Healthy Mothers and Babies Program uses the SART Model: screening, assessment, referral, and treatment utilizing a home visitation program with Public Health Nurses and Alcohol and Drug Counselors. The woman and infant are seen until the child's first year of life to ensure access and linkage to medical and mental health services, as well as education on topics surrounding pregnancy, childbirth, infant care and development.

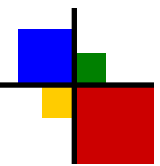
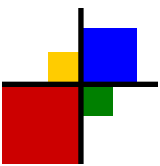
Since the inception of Perinatal SART, screenings for substance use in pregnant women has increased to approximately 9,700 annually.





# **School Attendance Review Board Annual Report, 2012-2013**

San Bernardino County



## School Attendance Review Board

Currently, there are three California Education Codes that mandate persons between the ages of 6-18 years of age be enrolled in school, full-time, unless they are somehow exempted. School Attendance Review Boards (SARBs) recognizes the negative impact of truancy, on both communities and the individual. This has lead to the creation of multi-agency partnerships, composed of representatives from various youth-serving agencies, to help truant or recalcitrant students and their families solve issues regarding truancy or behavior through the use of available community resources. Referral to a local SARB is not intended to be a punitive process. In fact, students are only referred to a SARB after a school-site has exhausted all other option to solve attendance and/or behavioral problems. County SARBs are convened by the county superintendent at the beginning of each school year. San Bernardino County Superintendent of Schools provides consultant services and guidance to local SARBs.

These are the school districts within San Bernardino County reporting to have a local SARB. During 2012-2013 year, seven school districts reported to not having a local SARB, which has increased by 5 school districts from the 2011-2012 year. Those districts are Baker Valley USD, Chaffey JUSD, Helendale USD, Mt. Baldy USD, Oro Grande SD, Trona JUSD, and Victor Valley UHSD.

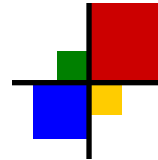
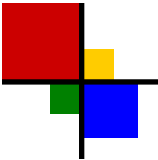
Reporting School Districts, 2012-2013	
Adelanto SD	Morongo USD
Alta Loma USD	Mt. View SD
Apple Valley SD	Needles USD
Barstow USD	Ontario-Montclair SD
Bear Valley USD	Redlands USD
Central SD	Rialto USD
Chino Valley USD	RIM of the World USD
Colton JUSD	SB City USD
Cucamonga SD	Silver Valley USD
Etiwanda SD	Snowline JUSD
Fontana USD	Upland USD
Hesperia USD	Victor Elem. SD
Lucerne Valley USD	Yucaipa-Calimesa JUSD

### San Bernardino County Superintendant of Schools

#### School Attendance and Review Board

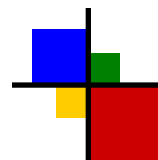
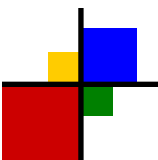
Grade Level	Male	Female	Behavior	Irreg. Attendance	Habitual Truant	DA Referrals	Total Students
K	136	133	1	242	238	202	269
1	226	214	0	331	330	221	440
2	160	180	6	233	239	156	340
3	142	136	6	183	221	132	278
4	168	140	0	187	242	127	308
5	164	116	1	187	217	118	280
6	146	113	14	179	197	105	259
7	190	125	16	237	205	126	315
8	207	167	23	309	246	164	374
9	274	281	15	466	431	340	555
10	344	326	32	558	488	390	670
11	379	280	25	538	500	389	659
12	263	202	14	422	433	396	465
TOTAL:	2,799	2,413	153	4,072	3,987	2,866	5,212

\*\* Please note: Students may be referred for more than one reason



# **Department of Behavioral Health Report, 2012-2013**

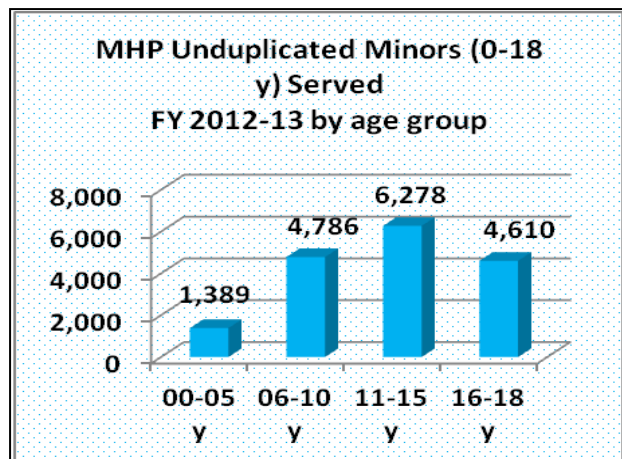
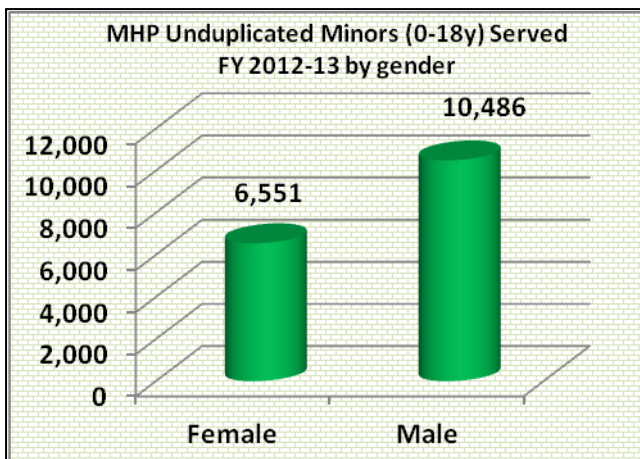
San Bernardino County



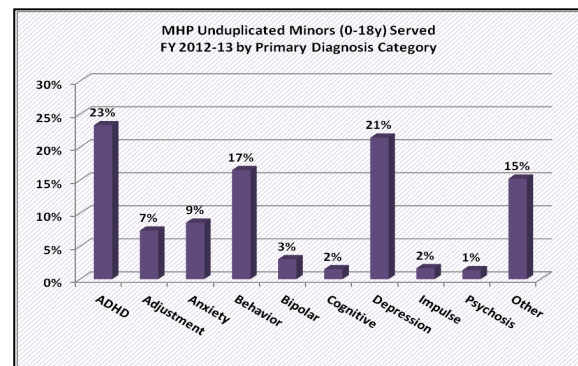
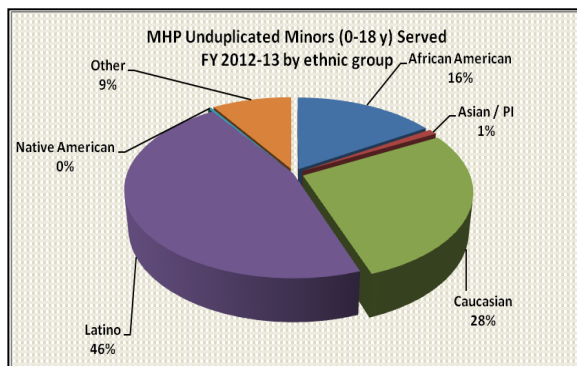
## Children's Programs and Clients Served by DBH, 2012-2013

The Department of Behavioral Health (DBH) and contract partners are responsible for providing mental health, alcohol, and substance abuse services to county residents who are experiencing major mental illness, substance abuse, and other addictions. This network provides treatment, which may include psychiatric medical services, to all age groups, with primary emphasis placed on treating seriously emotionally disturbed children, youth and their families, adults, and older adults who are experiencing serious mental illness. Another integral part of the behavioral health service delivery system consists of specialized programs, including prevention and early intervention, crisis intervention services, workforce education and training, homeless services, and the Offices of Consumer and Family Affairs and Cultural Competence and Ethnic Services.

### Demographics of Clients Served



The gender ratio of our county's children and youth is approximately 51% male and 49% female. The ratio among minors who receive services from DBH is approximately 61% male and 38% female with less than 1% not identifying gender. This disparity is not much different from prior years and reflects the higher incidence of young males receiving mental health services in the juvenile justice systems and identified by schools and parents as having behavior problems.



The race/ethnicity distribution of minors served demonstrates the well-known disparities between community demographics and the groups that access mental health services. The most common diagnoses among clients continue to be Attention Deficit/Hyperactive Disorder (ADHD), Depression, and other behavioral disorders. From Fiscal Year 2010-11 to the FY 2012-2013, the percentage of clients diagnosed with ADHD has decreased, however the percentage of clients diagnosed with depression has increased from 19%-21%.



## *Mental Health Services Act Funded Children's Programs, FY 2012-2013*

The Mental Health Services Act (MHSA) has funded a variety of programs since 2005. The implementation of the MHSA has occurred in three different phases: community Support Services (CSS), Prevention and Early Intervention (PEI), and Innovations. The first MHSA Programs implemented were within the Community Support Services phase and the children's programs focused upon improving access to services through the Children's Crisis Response Team (CCRT) and the Comprehensive Child and Family Support Services (CCFSS) program.

### *Children's Crisis Response Team (CCRT)*

Since the implementation of CCRT services in October 2004, there has been a steady expansion of Community Crisis Services. This includes a county-wide expansion, the creation of Crisis Walk-in Clinics, the expansion to serve adults, and the provision of Crisis Intervention Training (CIT) at the Sheriff's Training Academy. Each of these expansions represents efforts to reach children and youth in times of crisis.

A summary of the crisis services provided through DBH's Community Crisis Services is in the following table:

	<b>FY 11-12</b>	<b>FY 12-13</b>
<b>Children's Crisis Response Team</b>	2156	2175

### *Comprehensive Child and Family Support Services (CCFSS)*

CCFSS has been modified into three different programs, each addressing different levels of services that children and youth may need. The original program, Success First/Early Wrap addressed the needs of children and youth who were perceived to be at risk for failing in a placement (e.g., school, group home, foster home), but not being so severe as to warrant enrollment in the SB163 Wraparound Program. CCFSS was later expanded to support the mental health services provided within SB163 Wraparound, as these two programs were part of the same continuum. Additionally, CCFSS was expanded to include Residentially Based Services, a high level residential program that was part of a state-wide pilot study.

A summary of the number of children and youth serviced in these programs is provided in the following table:

	<b>FY 11-12</b>	<b>FY 12-13</b>
<b>Success First/Early Wrap</b>	195	460
<b>SB 163 Wraparound Program</b>	520	549
<b>RBS</b>	22	17



## *Prevention and Early Intervention (PEI) Programs*

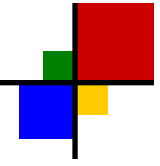
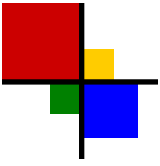
The development of PEI services transpired through Mental Health Services Act (MHSA) funding, in partnership with community members, behavioral health consumers, family members and other community partners. PEI programs serve children, youth, adults and older adults, and are intended to implement strategies at the early end of the continuum of behavioral health care, to deter the onset of mental health conditions and/or improve a mental health problem in the early stages of its development. Inherent in its intent, PEI contributes to changing community conditions and risk factors that are proven to increase the likelihood of developing a mental health condition. The overall goals of PEI include: suicide reduction; reduction of incarcerations; reduction of school failure/dropout rates; reduction of unemployment among mental health consumers; reduction of prolonged suffering; reduction of homelessness among consumers; reduction of stigma and discrimination associated with mental illness; and reduce the number of minors removed from their home.

Although PEI programs serve children *and* adults, many PEI programs focus specifically on children (ages 0-15) and their families. In FY 2012-13, an estimated 52% of the County Department of Behavioral Health's PEI MHSA funding (or about \$6,640,327 million) was utilized directly to support programs serving children.

The table below provides a summary of the services provided to children (ages 0-15).

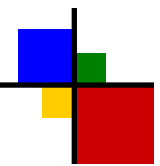
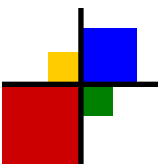
<b>Program</b>	<b>FY 11-12</b>	<b>FY 12-13</b>
<b>Community Wholeness &amp; Enrichment</b>	449	852
<b>Child &amp; Youth Connection</b>	470	3,238
<b>Family Resource Center</b>	18,197	48,221
<b>LIFT Program</b>	196	210
<b>Military Service &amp; Family Support</b>	99	696
<b>Native American Resource Center</b>	3,279	1,419
<b>NCTI Crossroads Education</b>	8,379	6,665
<b>Preschool PEI Program</b>	1,013	2,251
<b>Promotores de Salud (Community Health Workers)</b>	175	223
<b>Student Assistance Program</b>	25,758	55,484
<b>Total</b>	<b>37,452</b>	<b>119,259</b>

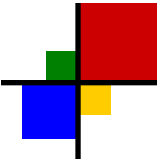
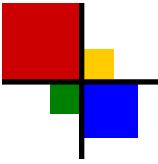




# **Probation Department Report, 2012-2013**

## San Bernardino County





## *Juvenile Community Corrections Bureau*

The Juvenile Community Corrections Bureau incorporates a variety of functions, including assessment, treatment, analysis, supervision and court reporting functions for juvenile offenders. The Bureau provides supervision and services to approximately 2,500 juveniles on an annual basis.

All juvenile arrests in San Bernardino County are initially reviewed by a probation officer and a decision is made whether to process the referral through the formal court process, or attempt to divert the minor from entering the Juvenile Justice System. When a referral is processed through the court and a juvenile is placed on probation, a risk assessment tool is utilized to determine the level of supervision most appropriate for the juvenile. Juveniles placed on probation are supervised by a probation officer who is knowledgeable of their risks, individual needs, and those of the family, in order to assist in preventing the juvenile from reoffending.

When the arrest of a juvenile is not processed formally through the court system, there are several diversion programs available to the juvenile and their family. Welfare and Institutions Code 654 permits the probation officer to initiate informal programs of supervision in order to prevent the juvenile from committing future offenses.

The Department continues to focus on providing effective prevention and intervention services to at-risk youth and families, while concurrently maximizing public safety through a reduction in recidivism and delinquent behavior. Here are some of the many program highlights for 2011-12:

### ***Gender Response Adolescent Caseload Enrichment (GRACE)***

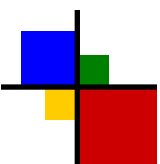
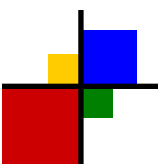
A program that provides supervision services to female youth utilizing an evidence-based curriculum and which focuses on overcoming their history of abuse, trauma, substance abuse or runaway behavior. 30 girls participated during 2011-12.

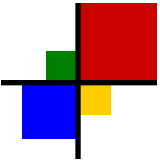
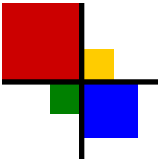
### ***Coalition Against Sexual Exploitation (CASE)***

A multi-disciplinary team which assists youth who are survivors of sexual exploitation, as well as educating others in the community about how to identify those at risk.

### ***Integrating New Family Opportunities (INFO)***

This collaboration with the Department of Behavioral Health uses Functional Family Therapy to target family dynamics and provide an outcome-driven prevention & intervention program for youth involved in the criminal justice system. The program serves approximately 100 minors and families each year.





### ***Youth Accountability Board (YAB)***

The YAB is a collaborative program between the Probation Department and community partners who work together with families to divert first time and low risk juvenile offenders from requiring further intervention by the criminal justice system. These Boards enrolled and served a total of 197 minors during 2011-12.

### ***Community Service Team (CST)***

This Team evaluates out of custody arrests and provides informal probation and diversion services. Officers received 1,677 cases and diverted 675 cases for alternative interventions during 2011-12.

### ***School Probation Officers***

These officers are assigned to local high schools and middle schools to reduce delinquency and improve attendance. During 2011-12, the program expanded throughout the county, and officers responded to a total of 27,387 referrals for attitude/behavior, attendance, criminal activity and academic issues. Officers also made a total of 31,211 personal contacts with minors and/or their parents through phone calls, school visits, or home visits.

### ***Day Reporting Centers (DRC)***

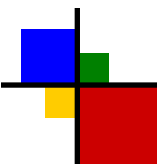
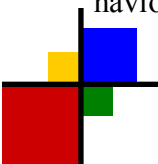
Three DRCs for juveniles in San Bernardino County provide prevention and intervention classes in drug/alcohol, truancy, anger management, shoplifting, graffiti, and parenting. Approximately 71% of the 2,541 participants completed classes during 2011-12. Officers also visited numerous middle and elementary schools to present anti-bullying classes to thousands of students.

### ***Operation Phoenix***

Operation Phoenix is a targeted program of suppression and intervention strategies for reducing gang violence and crime in the highest at-risk areas in San Bernardino. Examples of strategies include speaking about bullying at local elementary schools and teaching apartment owners about how to keep their units crime free. One probation officer serves on this dynamic multi-agency team.

### ***Wraparound Services***

A strength-based planning process which assists the minor and their family by involving various community partners and resources to work together to improve the situation of the minor, the family and the community by “wrapping” the family in services and support to address emotional, behavioral, and/or mental health issues. 263 juveniles and their families were enrolled in 2011-12.



### ***Placement Unit & Aftercare***

Monitors the rehabilitation of minors who have been ordered by the court into an out-of-home treatment program. A program matching the needs of each minor is carefully identified and services are provided by the program under the guidance of a Probation Officer until the minor is ready to return to the community. The average monthly number of minors maintained in out-of-home placement for 2011-12 was 209, with an average additional number of 45 in custody awaiting appropriate placement.



### ***Independent Living Program (ILP)***

The ILP provides numerous workshops and events to educate and assist minors released from out-of-home placements with independent living skills. These workshops help the minor transition back into the community and become successful adults. During 2011-12, ILP officers provided services to an average of 371 minors per month. Job referrals were provided to 430 youth and 40 homeless youth received services.

### ***Court for the Individualized Treatment of Adolescents (CITA)***

The CITA addresses the specialized needs of juveniles who have a significant mental health diagnosis and includes a collaborative delivery of services between a probation officer and a social worker. The CITA served 28 minors during 2011-12.

### ***House Arrest Program (HAP)***

The HAP is an alternative to detention for minors who have been charged with a criminal offense and would otherwise remain in custody. Minors ordered into HAP receive intensive supervision with frequent face-to-face officer contact and electronic monitoring in their home pending a final

disposition by the court. Approximately 80% of the 632 participants completed their supervision during 2011-12 without being revoked, for an average program duration of 22 days.



## ***Drug Court***

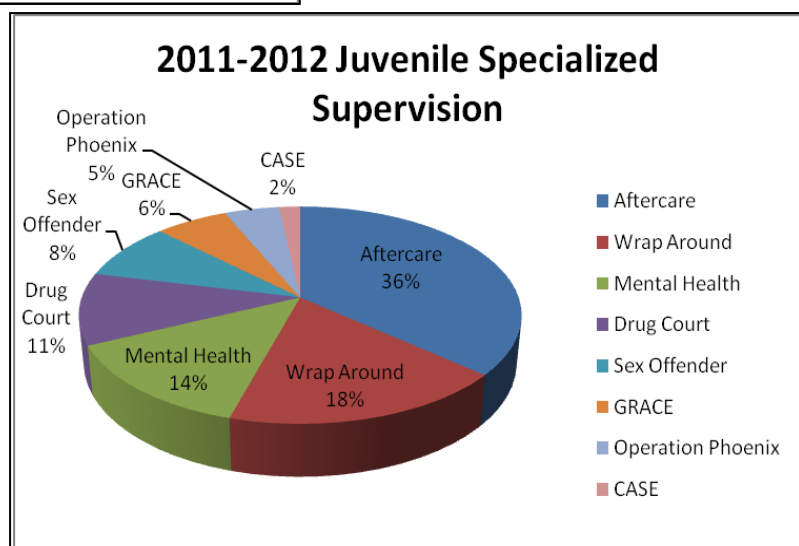
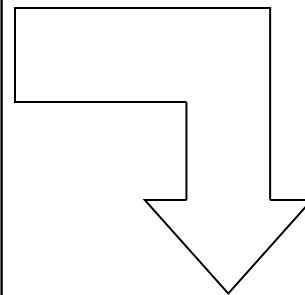
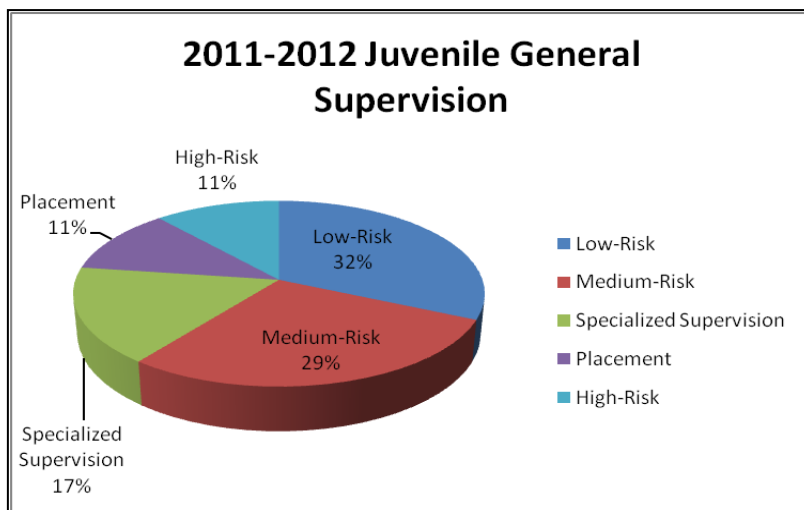
Drug Court is a multi-agency effort to supervise and rehabilitate juveniles with substance abuse issues while promoting public safety. During 2011-12, services were provided to 162 minors.

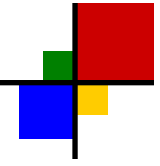
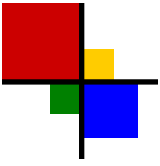
## ***AB 12***

Assembly Bill 12 (California Fostering Connections to Success Act) became effective January 1, 2012, and now allows eligible youth to receive extended foster care services after their 18th birthday.

## ***Juvenile Intake & Investigations***

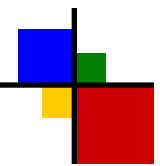
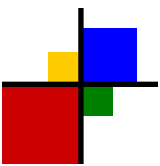
These units provide the Court with reports to assist in determining the most appropriate disposition for each minor alleged to have committed a criminal offense. Officers completed 1,583 reports for 2011-12.





# **Sheriff's Department Report, 2012-2013**

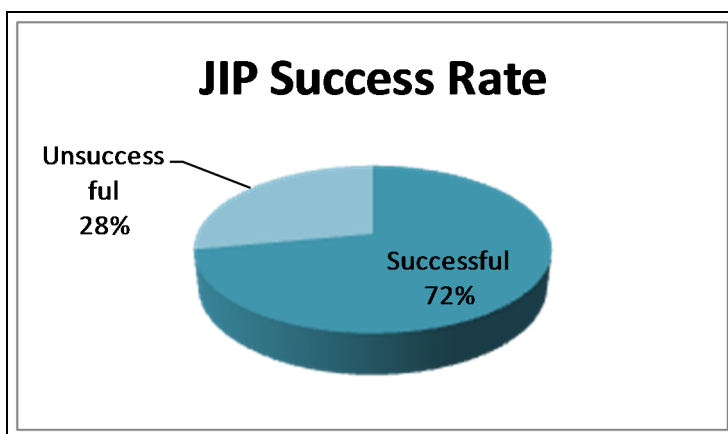
## San Bernardino County



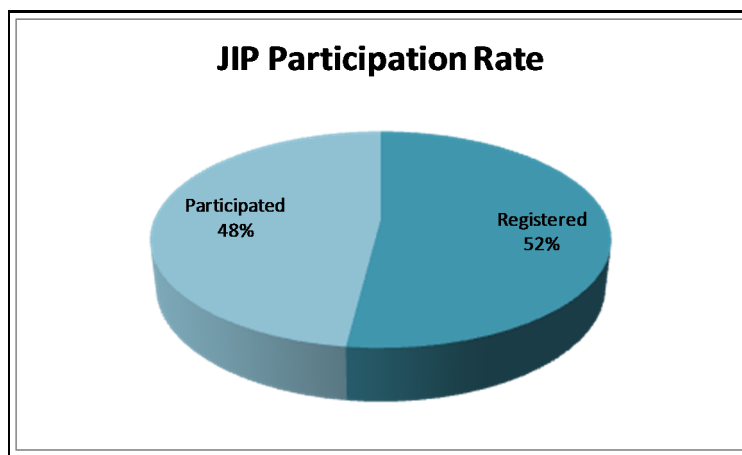
The **Juvenile Intervention Program (JIP)** was created in 2001 at the request of Community Leaders. JIP is designed to show troubled teens the reality of incarceration. Juveniles have misconceptions about what life in jail is truly like. Today's youth have glamorized criminals, their actions, and life in the criminal justice system. This Program is designed for all at-risk youth to re-direct negative behavior; and for juveniles who have begun to make choices that will inevitably lead them down a path of alcohol, drugs, gangs, and violence. JIP allows youth to be taken on guided tours of county jail facilities, hear from inmates who talk to them about their delinquency, and are allowed to experience what life inside a locked facility would be like.

### *JIP Data for 2012-2013*

In 2013, the Juvenile Intervention Program had a total of 408 youths register to attend a program. Of those, 196 youths participated in the program, in its entirety.



122 evaluations were completed and turned in, and of those 88 evaluations were marked as successfully having made an impression on the at-risk youth about the realities of the incarceration experience.







### *Crimes Against Children Detail*

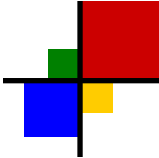
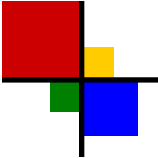
As a whole, the Department investigated: 663 physical abuse cases and made 1,991 arrests; 447 sexual abuse cases and made 325 arrests; 199 child pornography/child luring cases and made 99 arrests; 197 sex offender cases and made 149 arrests. The Department works tirelessly to prosecute those victimize children.

The **Crimes Against Children Detail** specializes in the investigation of child sexual and physical abuse cases, child sex rings, child pornography, child exploitation, Internet crimes against children, and other cases involving child victims where special investigative skills and training is needed. During the course of investigating these crimes, detectives routinely rely upon the services of other agencies i.e., Children and Family Services, the Children's Fund Assessment Center, the Loma Linda Children's Hospital and the District Attorney's Victim/Witness Program.

The detail is made up of one sergeant, six detectives, and a Special Program Coordinator. The Special Program Coordinator is responsible for developing, coordinating and implementing community and department goals and strategies to effectively mobilize efforts aimed at registered sex offenders and to ensure sex offender compliance. In addition to conducting major child abuse investigations, members of the Crimes Against Children Detail spend nearly 300 hours each year conducting training for other law enforcement personnel on the proper investigative techniques to successfully prosecute crimes against children.

### *Operation CleanSWEEP*

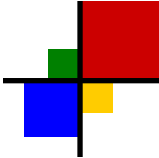
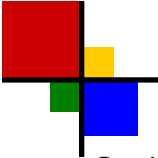
Many of Children's Network partners are familiar with the Sheriff's **Operation CleanSWEEP** school safety program, which had been helping make more secure campuses since 1997. Some 50,000 school children throughout the County are served by this innovative mix of elements, which includes juvenile citation, security assessments, educational presentations, and crisis response training. School administrators are actually trained in the writing of citations for crimes committed on campus, and those same administrators report a 90-95% level of satisfaction with the program. By bringing guest speakers on campus, and then by lending a helping hand to school disciplinary efforts CleanSWEEP helps kids by making their school environment safe and more conducive to learning.



# **District Attorney's Office Report**

## **2012-2013**

San Bernardino County



## *Let's End Truancy (LET) Project*

### *LET Unit Mission Statement:*

“Truancy is often the gateway to juvenile delinquency and more serious adult crime. We want to help keep children in school and out trouble by assisting schools and parents. The San Bernardino County District Attorney’s office has made reducing truancy a priority.”

### *LET Project Description*

We have three senior Deputy District Attorneys, two secretaries and two office assistants assigned to the unit. The unit is managed by a Supervising Deputy District Attorney. The unit operates in three geographical areas of the county to provide countywide service. Deputies that are assigned to the unit travel throughout the county, visit schools, attend SARB meetings, do home visits and speak to civic groups. In addition to this, the unit helped to initiate a Youth Court program which by this May will be operating in four cities in the county.

During the 2012-2013 school year, the unit monitored the attendance of over 7500 students. The unit monitors attendance in 31 school districts within the county. The unit conducted two truancy sweeps with fellow law enforcement agencies. Unit members attended over 225 SARB meetings. Unit members conducted over 200 home site visits. The unit also filed over two dozen cases against parents for contributing to the delinquency of a minor.

### *GRIP*

The Gang Reduction Intervention Partnership (GRIP) focuses on the dangers of gangs and drugs, positive choices, and respect for others and property. This curriculum is taught to children who are in the second grade over the course of five (5) weeks. A follow-up course is taught in fifth grade, and more recently an additional follow-up course was added for seventh grade. Eventually, GRIP would like to extend a follow-up to ninth grade. This class is currently being taught by school security officers with the Rialto Unified School District. There is also a parent component where topics such as combating gangs, violence, truancy, crime and other areas that affect their children are discussed. Since this project began, 3,400 children have graduated from the program.

### *Camp Good Grief*

Camp Good Grief is an annual, cost-free, three-day camp that is for children who have lost a sibling, parent, or caregiver to homicide or suicide. The children that attend are between the ages of nine to fifteen years. This camp was designed by Loma Linda Children’s Hospital and the Child Life Program because of the stigma associated with homicide and suicide; many child victims of traumatic crimes often feel emotionally distant to those children who may have lost a parent or sibling to an illness or injury. Camp Good Grief provides a supportive and safe environment where children can enjoy typical activities of a summer camp. This camp also offers the opportunities for children to work with professionals, and share their feelings related to their loss, learn new ways to cope, and interact with other children and teens in an atmosphere of love and acceptance.



# **Public Defender's Office Report, 2012- 2013**

San Bernardino County



## *Public Defender Program and Services*

The Public Defender's Office represents over 3,000 kids each year in the delinquency courts of San Bernardino County. The Public Defender protects the constitutional rights of its clients and collaborates whenever possible with other members of the county's juvenile justice system to improve the lives of young people throughout the county.

The department is required by California Rule Court 5.663 to monitor the success of its clients throughout the post-disposition phase of their cases. The Public Defender provides significant service to its clients after they have been adjudged wards of the juvenile court by assisting them and their families to make lasting changes in their lives.

The Public Defender's juvenile unit consists of seven full-time attorneys and one full-time investigator specially trained and dedicated to the representation of kids. They work closely with four full-time social workers and over a dozen social work interns, together providing a holistic approach to representation. Such representation focuses not just on the delinquent conduct of the child but also on the lifestyle aspects unique to each client that may lead to negative behavior. All clients who have been placed in an out-of-home facility receive monthly contacts by social work staff to monitor their progress.

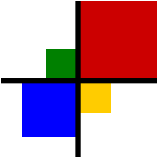
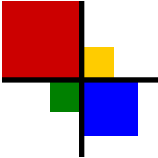
The department also works with our young clients' family members to alleviate unhealthy family stressors. The Public Defender believes there can be true rehabilitation only if the environment that contributed to the delinquent conduct is repaired as well. Simply removing the child from a poor home environment for a period of time, providing the child with services, and then returning the child to the same home is a set-up for failure and an inadequate use of resources.

As requested by the attorney, the department's social workers and interns provide service to the clients still at home and on probation and work with the majority of clients being served in the county's juvenile drug and mental health courts. For this unique approach to representing juveniles, the San Bernardino County Public Defender's Office was awarded the 2010 *Program of the Year* award from the California Public Defender's Association and the 2011 *National Association of Counties Achievement Award*.

While our core mandate as an office is to represent those children accused of crimes, the department has sought out other means to positively impact the lives of at-risk children not yet caught up in the justice system. The Public Defender's role provides its staff unique perspectives into the causes of delinquent behavior, and the department has branched out into areas of prevention and outreach in an effort to better the community.

The Public Defender developed and partnered with other Children's Network agencies and the San Bernardino City School District to create the MAP (Making Attendance a Priority) truancy program. This program has resulted in assisting hundreds of clients and their families as well as bringing in thousands of additional dollars to the school district due to increased student attendance. In 2013 the program was awarded the *California State Association of Counties Challenge Award*, and we are currently in the process of collaborating with the Victor Valley Unified School District to create *Supporting Attendance for Education* (SAFE), a truancy project in the High Desert community. The Public Defender also partners with the District Attorney's Office to coordinate the truancy program, *Project Comeback*, at Colton Middle School. The Public Defender is very proud to be a founding member of CASE (Coalition Against Sexual Exploita-





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The department annually collaborates with the San Bernardino County Bar Association and school districts throughout San Bernardino County to provide speakers to local schools in celebration of LAW DAY. Last year, the department's attorneys, social workers, and investigators provided presentations to over 12,500 junior high and high school students at over 41 schools countywide.

The San Bernardino County Public Defender is a proud member of the Children's Network and sees it as a real opportunity to better the lives of children in the community. The Public Defender is grateful for the many collaborative relationships made and sees it as a way to improve the chances the department's clients have to achieve successful lives in the future.



# **Children's Fund Report, 2012-2013**

## San Bernardino County





**Children's Fund** is continuing its mission to prevent child abuse in our communities and ensure that at-risk children who are abused, neglected, impoverished, or abandoned receive basic needs and equal opportunity for their social development.

### ***Children's Assessment Center***

As the fundraising partner for the Children's Assessment Center, Children's Fund has had a strong focus on raising dollars for the relocation to a much-needed larger facility provided by the County. This year alone, the Assessment Center has treated more than 1,300 children who have been sexually or physically abused, or severely neglected. Established in 1994, this center provides a location where a child can tell their story while specially-trained forensic medical staff, forensic interviewers, victim advocates, therapists, and law enforcement engage these children in a safe and comforting environment, significantly reducing their trauma during the investigation.



**The Children's Assessment is now treating children in their new location**



The playroom helps the child to feel normal before being interviewed (L). A peaceful environment is created for the child to feel comfortable during the interview process. (Above)

### ***Emergency Needs***

Children's Fund works with social workers and case managers to give emergency assistance to at-risk children by providing food, clothing, beds, shelter, transportation, rent or utility assistance, and medical or dental care they otherwise would not receive.



**Thanksgiving Food Drive**

**We believe every child deserves a chance to succeed!**



The Celebration of Giving Campaign, in partnership with San Bernardino County Fire and Spark of Love Toy Drive, collected more than 25,000 gifts and toys for underprivileged children in our communities



Over 1,200 backpacks filled with school supplies were collected to give kids confidence to go back to school

Since its inception in 1986, Children's Fund has had the privilege of assisting more than 1.3 million children throughout San Bernardino County. Last year, Children's Fund helped 50,000 children.

Children's Fund participates in multiple programs throughout the year, some of which include the Celebration of Giving Campaign, collection of backpacks for back to school, winter coat collection for kids to stay warm and prom dress donations for foster youth. This year, Children's Fund awarded eleven scholarships at the Shine-A-Light Breakfast. Academic scholarships are also available at CSUSB and Cal Poly Pomona, as well as Valley, Chaffey, Crafton, and Victor Valley junior colleges for freshman through senior-aged foster and former foster youth.

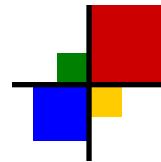
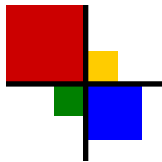


More than 400 Prom Dresses were donated for the Independent Living Program through Children's Family Services



**Cheyann Faux receives a scholarship at the Shine-A-Light Breakfast**

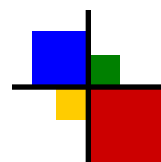
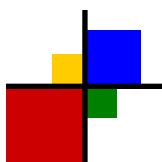




# **First 5 San Bernardino Report**

## **2012-2013**

### **San Bernardino County**

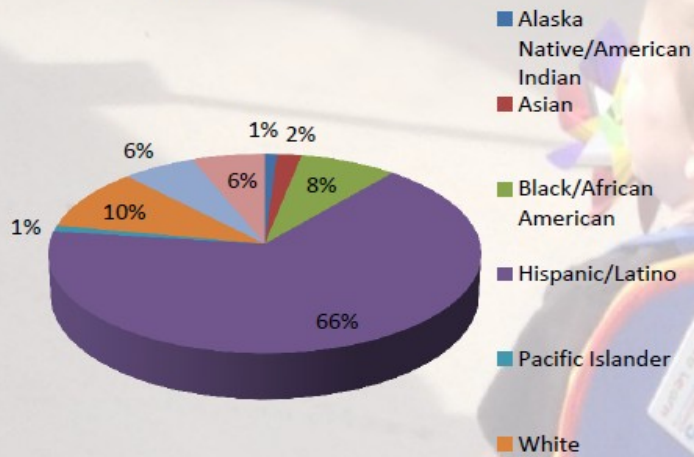




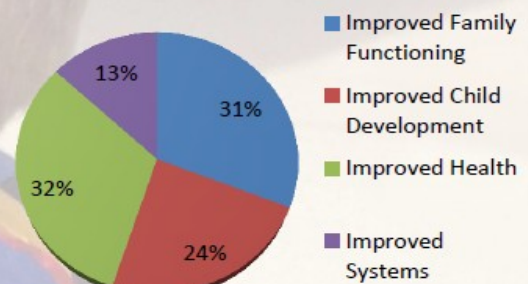
## Fiscal Year 2012-2013

### Children and Families Served

#### Children Served Fiscal Year 2012-2013

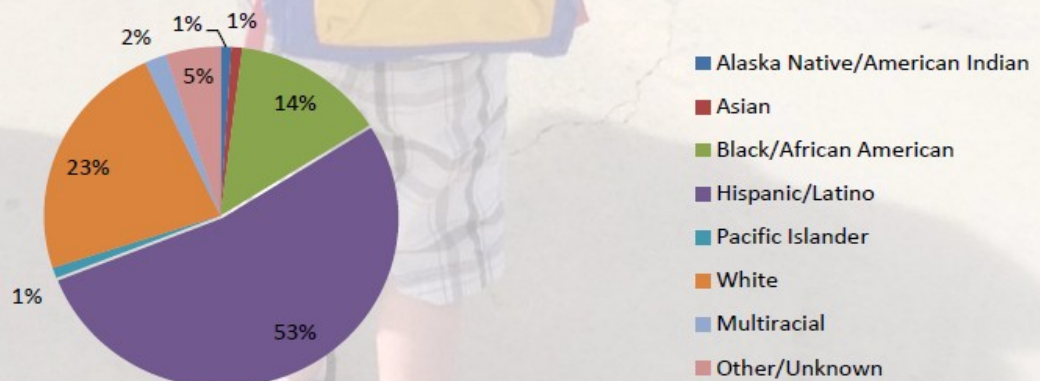


#### Annual Spending for Direct Services



Total Spending \$20,500,094

#### Parents Served Fiscal Year 2011-2012



Total Number of Parents: 51,284



## 2012-13 Annual Report Narratives

### Pre-School

First 5 San Bernardino is proud to have provided a year round, full-day preschool experience for 293 children in Fiscal Year 2012-13. The commission contracted with five school districts throughout the county to provide these services which also included parent enrichment activities and a developmental screening and, as necessary, referrals for services related to developmental delays. This \$1.7 Million investment provided each student with an average of 137 school days to better prepare them for entrance into Kindergarten in the fall of 2013. The target population for the initiative was 4 year olds with parents who either did not qualify for state or county subsidized pre-school due to household income or were on a waiting list for these programs that was so lengthy; the likelihood of having a comprehensive pre-school experience was minimal.

### Healthy Cities

First 5 San Bernardino is proud of our first year investing in the Healthy Cities initiative for fiscal year 2012-13. Healthy Cities is a statewide initiative with participation from more than 75 cities and communities across California. Locally, efforts have been supported by the County of San Bernardino's Department of Public Health since 2006 through a one-time grant designed to create healthy environments and promote healthy lifestyles.

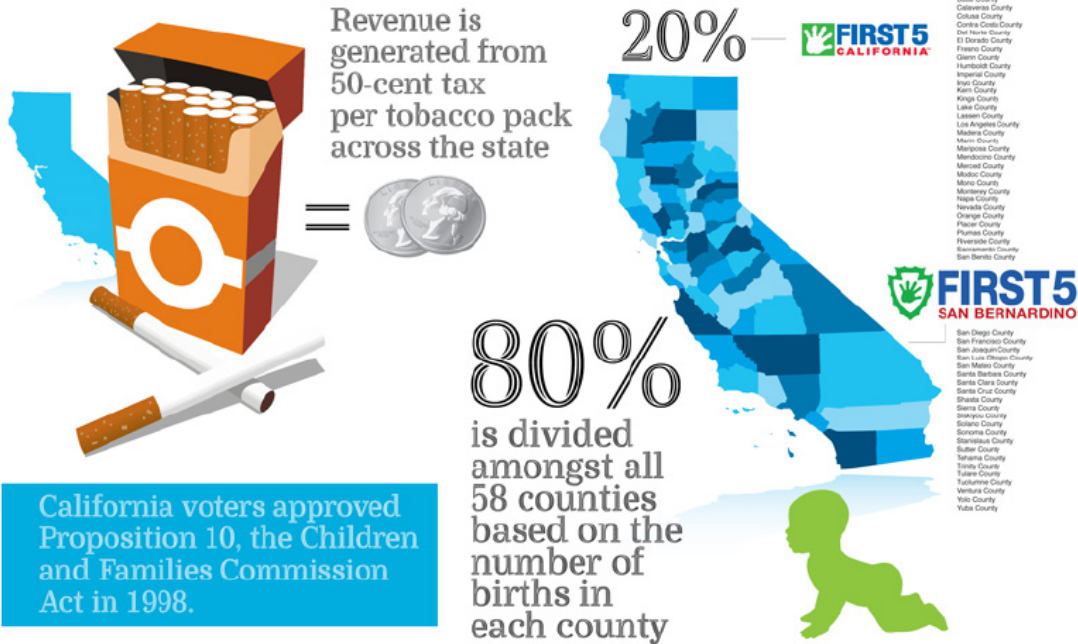
The Commission awarded contracts to communities at various stages in the process of healthy community designation. The work they proposed was driven at the policy, community engagement and direct service levels. Areas of focus included healthy food access, obesity prevention and education, breastfeeding and safety.

Through these investments, it is the goal of First 5 San Bernardino to create an environment where children 0-5 and their families can be healthy, safe and thrive.



# What is Prop.10?

The Children and Families Commission | First 5 California County Commissions



**First 5 San Bernardino** annually averages \$25 million in tobacco tax revenue to fund programs and services for children from prenatal stage to age 5.



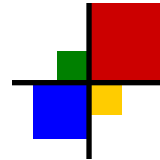
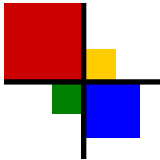
**[WHY?] 90%** of a child's brain develops in the first five years of life.

Three reasons this is important from **National Scientific Council on the Developing Child**:

- 1) "Child development is a foundation for community development and economic development, as capable children become the foundation of a prosperous and sustainable society."
- 2) "When **parents**, **informal community programs**, and **professionally staffed early childhood services** pay attention to young children's emotional and social needs, as well as to their mastery of literacy and cognitive skills, they have maximum impact on the development of sturdy brain architecture and preparation for success in school."
- 3) "Creating the right conditions for early childhood development is likely to be more effective and less costly than addressing problems at a later age."

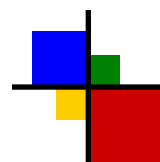
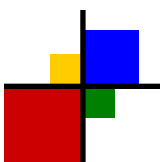


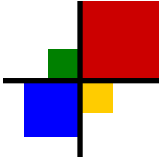
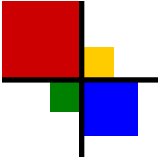
Source: The Science of Early Childhood Development. (2007) National Scientific Council on the Developing Child. <http://www.developingchild.net>



# **First 5 San Bernardino Regional Asset Maps**

San Bernardino County





In 2013, First 5 San Bernardino collaborated with Harder+Company Community Research to adapt an innovative way to understanding community needs, through asset mapping. Asset Mapping is a strengths-based and inclusive approach compared to the traditional needs assessments. Meaning the focus is on what resources are already available in the community, rather than focusing on what is missing. Further, asset mapping allowed for the community to be involved in the process, regardless of socioeconomic status, education, or language spoken. This allowed for a more clear understanding of the communities. This approach allowed for First 5 San Bernardino to develop 8 regional asset maps that highlight various resources readily available for use by the community and professionals, alike.

We extend our deepest gratitude to First 5 San Bernardino for allowing us to include these asset maps in the annual report. It is our hope, as a bridging organization, that our collaborative partners will be able to use these maps during the planning of future programs, trainings, and events. For more information and detailed reports of the regional asset maps, please visit First 5 San Bernardino's webpage at [www. first5sanbernardino.org](http://www.first5sanbernardino.org) and click on Downloads.

On the following pages, please find the asset maps of the following regions:

- Big Bear– Mountain Region
- Colton
- Crestline
- Joshua Tree and Yucca Valley
- Muscoy
- Needles
- Ontario-Montclair West End Region
- Victorville High Desert Region



## MAPPING SAN BERNARDINO COUNTY'S NEEDS AND ASSETS



Big Bear

0 0.25 0.5 1 1.5 2 Miles

**Big Bear Asset Mapping**

This summary map shows community-identified assets and needs in the Big Bear community. During the asset mapping workshop, a mix of about 12 local parents, residents, and service providers worked together to identify current community strengths and challenges. Participants discussed a broad range of assets including schools, child care, food outlets and health care facilities. Although this is not an exhaustive list, find 5 San Bernardino and key community partners can use this map to identify existing resources that can be built upon to strengthen the foundation of services for children 0-5 and their families.

### Key Findings:

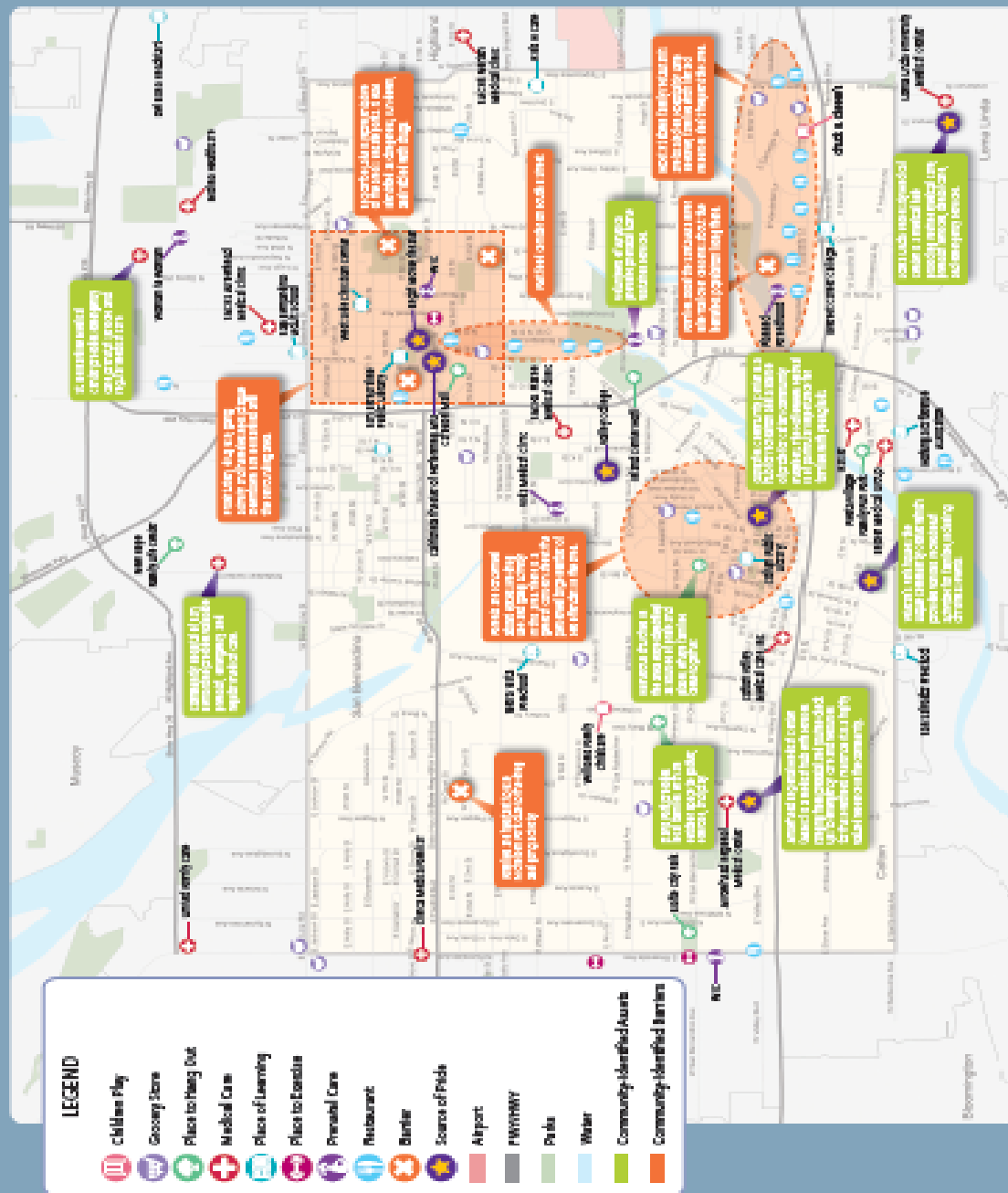
- Local parks, trails and the abundance of outdoor activities are a source of pride in Big Bear. While they are readily enjoyed during the warmer months, barriers—especially families with very young or disabled children—feel there is a great need for accessible indoor activities during the winter months.
- Big Bear has an array of resources, but many still face challenges accessing them. Parents cite issues with public transportation, neighborhood walkability, and cost as barriers to accessing services for their children.
- There are a number of childcare resources in the area, but very few are affordable and there are currently not enough slots to meet the demand. Only two subsidized preschools are in the area and many families cannot afford the private preschool or childcare.
- Perinatal and pediatric services are lacking. There is a single pediatric nurse practitioner on staff at the Family Health Center and perinatal care is available only one day a week at the Rural Health Clinic. Additionally, there is only one pediatric dentist in the area.
- Participants are proud of how the community members and organizations pull together and collaborate for the benefit of the community.

APRIL 2012

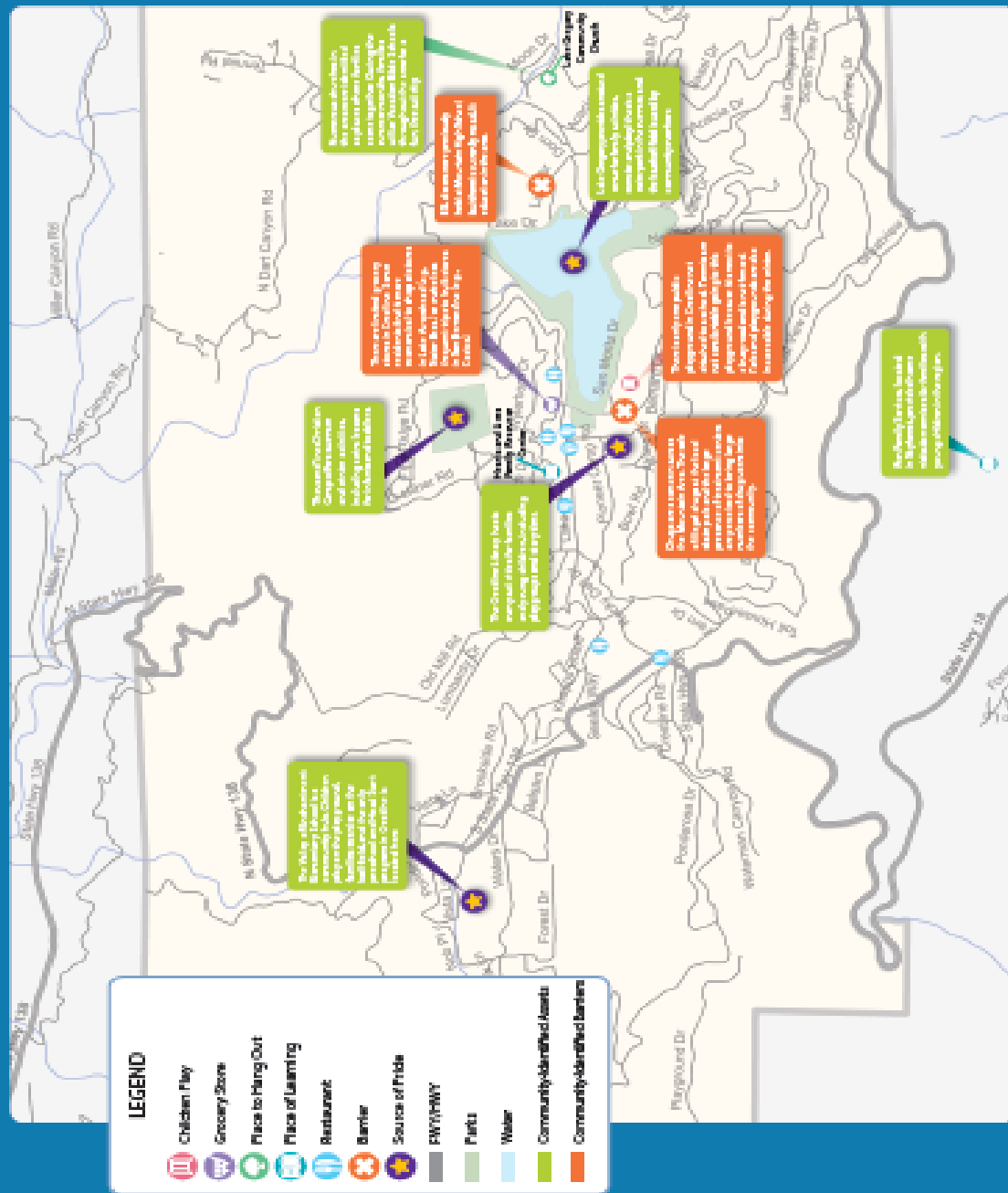
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COMMUNITY DESIGN

FIRST5  
SAN BERNARDINO COUNTY

## MAPPING SAN BERNARDINO COUNTY'S NEEDS AND ASSETS



## MAPPING SAN BERNARDINO COUNTY'S NEEDS AND ASSETS



Crestline

### Crestline Asset Mapping

This summary map shows community-identified assets and needs in the Crestline community. During the asset-mapping workshops a mix of about 18 parents, local vendors, and service providers worked together in various activities to identify current community strengths and challenges. Participants discussed a broad range of assets including schools, child care, food outlets and health care facilities. Although this is not an exhaustive list, First Step Forward and key community partners can use this map to build on existing resources and strengthen the foundation of services for children 0-5 and their families.

### Key Findings:

- Resources and activities in Crestline are clustered primarily around Lake Gregory. Along with the long-grocery stores and the parking of restaurants, families frequent the lake for exercise, recreation and to take advantage of the nearby schools.
- Participants identified a pressing need for medical care in the area; there are no OB/GYN, prenatal services or birthing services available. Residents must go "down the mountain" to access these services. Emergency care commonly involves being airlifted to nearby hospitals, which is costly for families with no or minimal insurance.
- Participants lamented the lack of child-friendly activities and facilities during the winter months. While the lake and playgrounds are accessible during the warmer months, they are inaccessible during the winter.
- Children and preschools are very limited in the Crestline area. There is one Head Start in Crestline and two private preschools near Lake Arrowhead, but they are not affordable for many parents in the area.

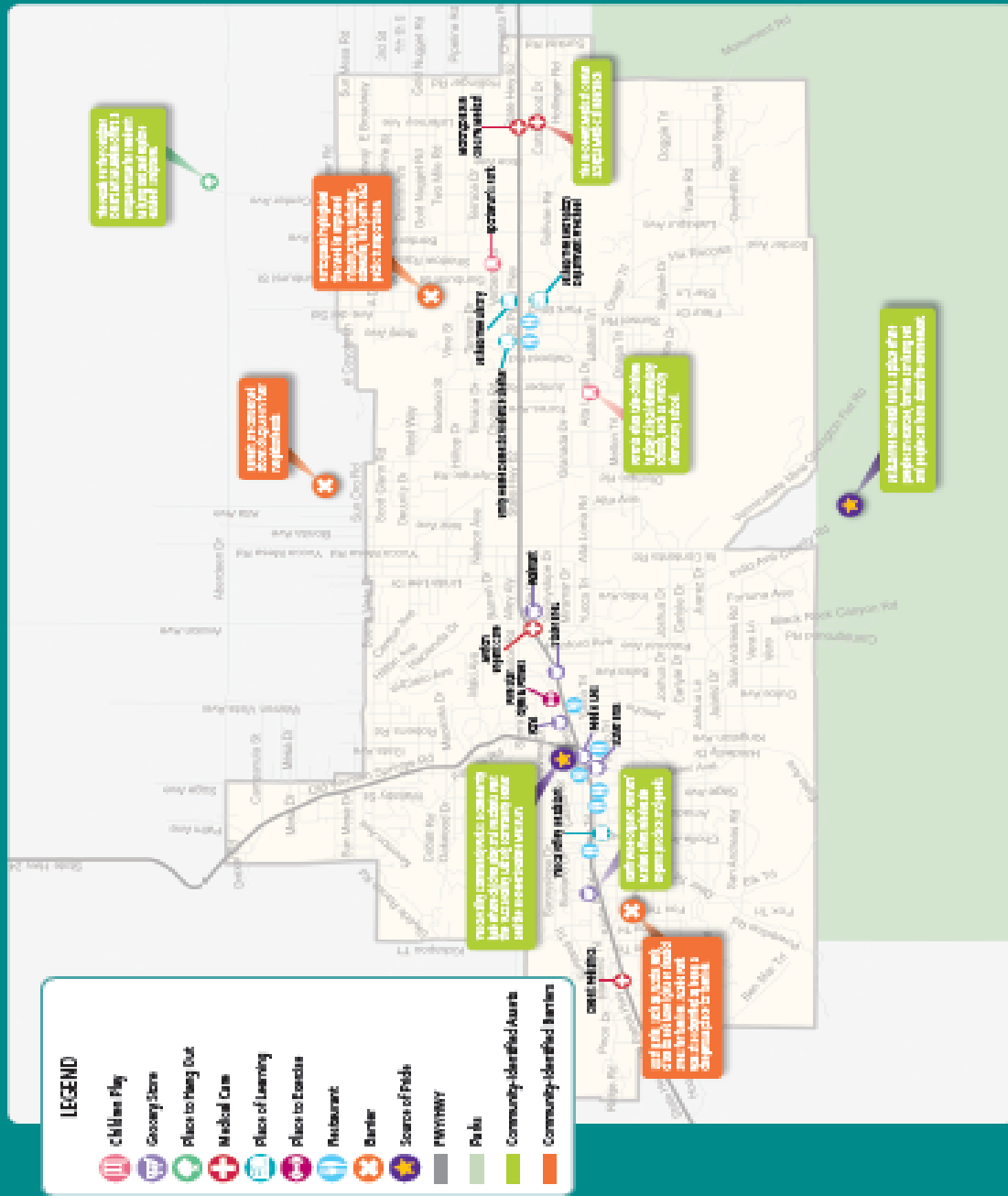
JUNE 2012

For additional information go to [www.firststepforward.org](http://www.firststepforward.org)

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community research

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FORWARD

## MAPPING SAN BERNARDINO COUNTY'S NEEDS AND ASSETS



Joshua Tree + Yucca Valley

### Joshua Tree + Yucca Valley Asset Mapping

This summary map shows community-identified assets and needs in the Joshua Tree and Yucca Valley community. During the asset mapping workshop, a mix of 7 local parents, residents, and service providers worked together to identify current community strengths and challenges. Participants discussed a broad range of assets including schools, child care, food outlets and health care facilities. Although this is not an exhaustive list, it is a good starting point for community partners to use this map to identify existing resources that can be built upon to strengthen the foundation of services for children 0-5 and their families.

#### Key Findings:

- Participants are particularly proud of the outdoor assets in Joshua Tree and Yucca Valley. In addition to the Joshua Tree National Park, the community boasts two museums devoted to the natural setting and outdoor assets. While participants identified the opportunity afforded to families who live near such unique outdoor venues, they also noted basic park needs, such as shade and lights.
- Participants highlighted the need for improved public infrastructure. Specifically, they mentioned the need for navigable sidewalks, bike paths and public transportation. Parents don't find comfortable walking with their children to nearby parks due to safety concerns and residents can't take public transportation out of "the basin."
- Nearly every asset is adjacent to the Twenty-Nine Palms Highway (Hwy 62), and the majority of the items are found within the 62 miles Old Woman Springs Road (Hwy 240). Families in the neighborhoods further from these highways have access to few, if any, assets in their immediate proximity.

NOVEMBER 2017

For a full report please go to [www.hardercompany.com/sanbernardinoassetmapping](http://www.hardercompany.com/sanbernardinoassetmapping) click on Downloads

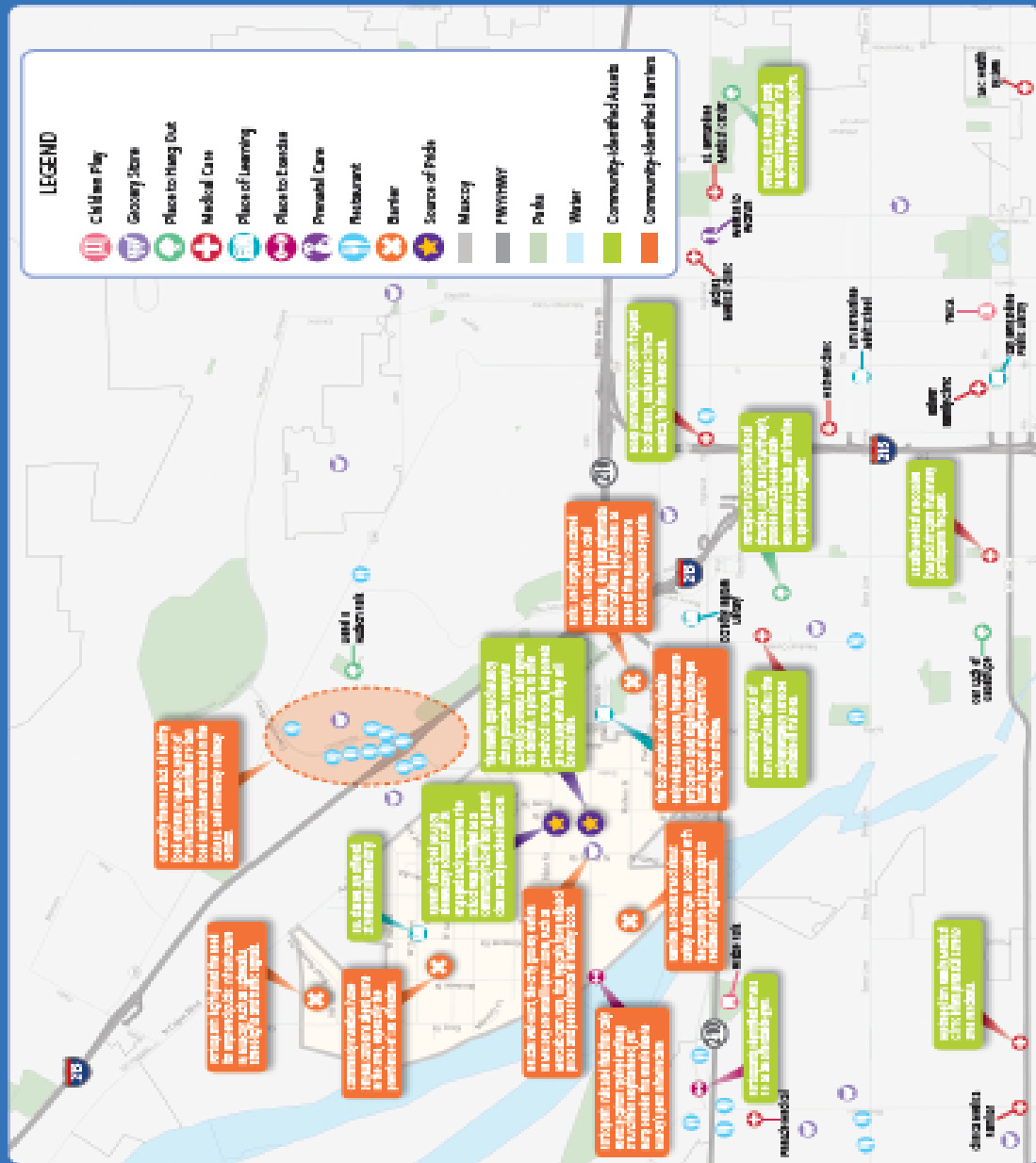
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COMMUNITY RESEARCH

0 0.5 1 2 3 4 MILES



HRST-5  
HUMAN RESOURCES SERVICES TEAM

## MAPPING SAN BERNARDINO COUNTY'S NEEDS AND ASSETS



Muscovy



### Muscovy Asset Mapping

This summary map shows community-identified assets and needs in the Muscovy community. During the asset mapping workshop, a total of approximately 50 local parents, residents, and service providers worked together to identify current community strengths and challenges. Participants discussed a broad range of assets including schools, child care, food outlets and health care facilities. Although this is not an exhaustive list, First 5 San Bernardino and Bay Community Partners can use this map to identify existing resources that can be built upon to strengthen the foundation of services for children 0-5 and their families.

### Key Findings:

- Families in Muscovy lack supports necessary to ensure their children are healthy. Quality food is a major concern as no market in the area provides affordable produce and groceries. Basic healthcare services are also unavailable, and parents must travel outside the area to access them.
- Parents are concerned about the safety of their children. Many noted that their children typically play at home because they feel public spaces, such as parks, are not safe. Overall, families don't spend a lot of time outside in their neighborhoods. Until these issues are addressed, parents will not be able to provide kid-friendly activities in Muscovy.
- Across the board, participants highlighted the need for improved public infrastructure. There are very few sidewalks, streetlights, and traffic signals in Muscovy. Residents also expressed the need for safer parks and improved public transportation.

MAY 2018

For a full report please go to [www.firs515.com/sanbernardino](https://www.firs515.com/sanbernardino)

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## Needles & Asset Mapping

This summary map shows community-identified assets and needs in Needles. During the asset mapping workshop a mix of about 30 local parents, residents, and service providers worked together to identify current community strengths and challenges. Participants discussed a broad range of assets including schools, child care, food banks and health care facilities. Although this is not an exhaustive list, Post 5 San Bernardino and key community partners can use this map to identify existing resources that can be built upon to strengthen the foundation of services for children in Needles and their families.

### Key Findings:

-  **Duke Wade Park** is a central community hub with a high volume of activities for the community, including children. Although many recognize it as a source of pride, some parents are not able to afford classes provided and feel the hours too limited. Many parents remain concerned about the gray pavement around the park, especially since many children attend classes there.
-  There is a significant lack of accessible medical care in Mendocino. Emergency patients are often left to fend for themselves. Mendocino is not accepted by any of the local doctors, and although there is an OHSU coming once a week, participants believed that they are reluctant to visit here. There is no pediatrician or pediatric dentist in the area.
-  **Transportation** is difficult in Mendocino. Though it is a small community, structural barriers make it difficult to do simple things like go to the bank. There is no ride seat or signal for nearby wheelchair or to the river because old vehicles are no longer accessible).
-  **Mendocino weather** makes it difficult for families to stay active and healthy. With no indoor activities available and high temperatures many parents report their children's interest to TV and video games.

**WISCONSIN**

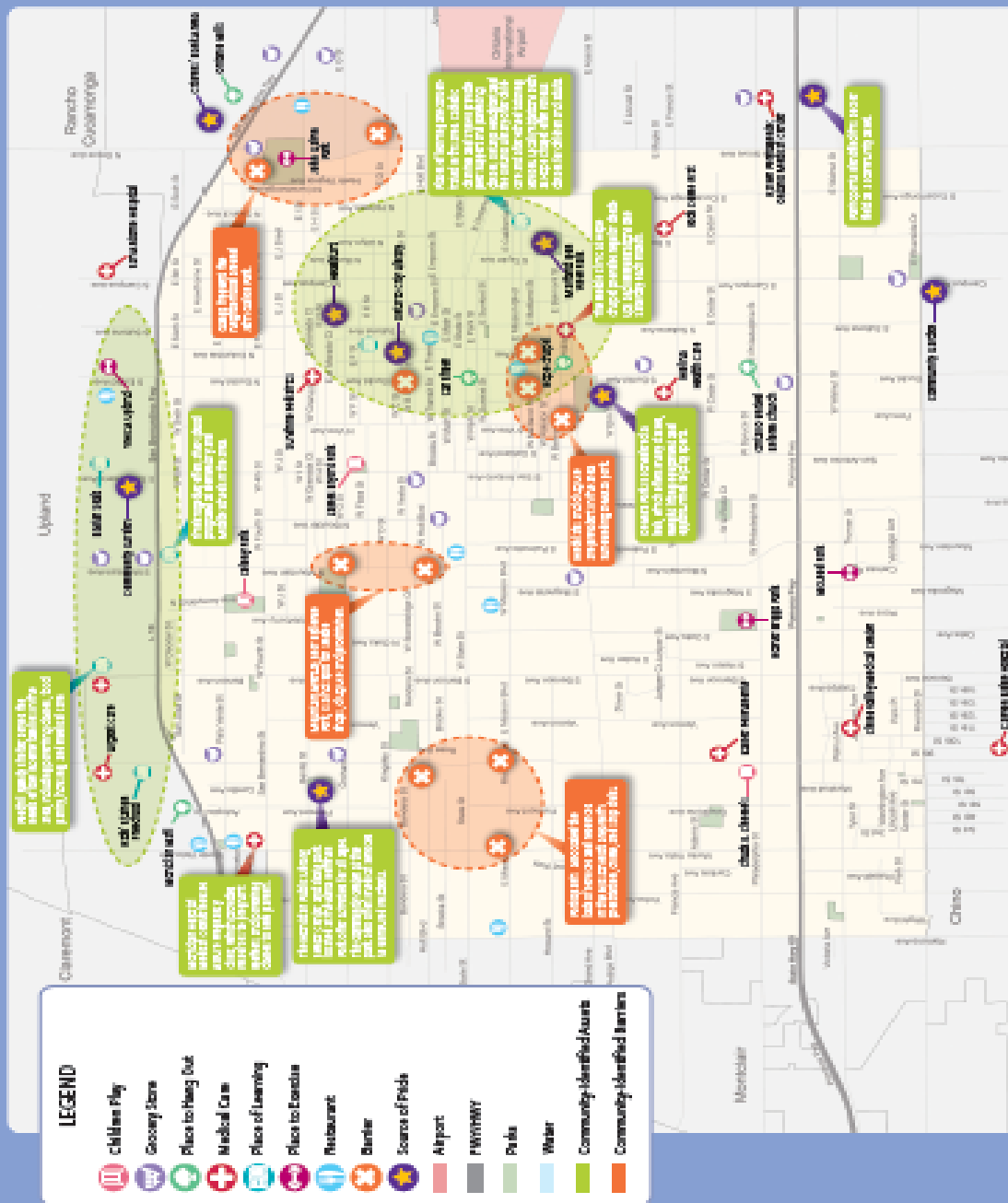
## Week 1

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EARLY LEARNING  
FOR ALL

## MAPPING SAN BERNARDINO COUNTY'S NEEDS AND ASSETS



Ontario – Montclair Region

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### Ontario-Montclair Asset Mapping

This summary map shows community-identified assets and needs in the Ontario-Montclair community. During the asset mapping workshop of 34 local parents, residents, and service providers we had together to identify current community strengths and challenges. Participants discussed a broad range of assets including schools, child care, food outlets and health care facilities. Although this is not an exhaustive list, Flat 5 San Bernardino and key community partners can use this map to identify existing resources that can be built upon to strengthen the foundation of services for children 0-5 and their families.

### Key Findings:

- The City of Montclair and the City of Ontario have many resources, but families are unable to access them due to a lack of public transportation, poor neighborhood walkability and safety concerns.
- Most community members are concerned with the prevalence of drugs, prostitution, and gang activity that is concentrated near the intersection of Mission Street and Holt Avenue.
- A lack of affordable housing remains a big concern for families in the Ontario-Montclair region.
- Local parks and city-run community centers are highly utilized and a source of pride.
- The Ontario-Montclair School District is highly regarded amongst community residents. Many families take pride in their local schools.

MARCH 2013

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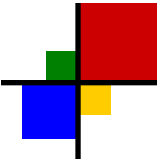
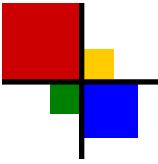






## Children's Network Staff

Kathy Turnbull	Interim Network Officer
Anne-Michelle Ellis	CASE Coordinator
Brandy Nelson	Mentoring Resource Coordinator
Denise McKinney	Office Assistant
Janki Naik	Analyst
Kristy Loufek	Community & Events Coordinator
Lesford Duncan	Child Abuse Prevention Coordinator
Maria Zuniga	Office Assistant
Tammy Williams	Secretary



For information about these Departments and their programs, please visit:

**Children and Family Services:** <http://hs.sbcounty.gov/cfs>

**Transitional Assistance Department:** <http://hss.sbcounty.gov/hss/tad>

**Children's Assessment Center:** [www.cacsbc.com](http://www.cacsbc.com)

**Partnership for Healthy Mothers and Babies:** <http://www.sbcounty.gov/dph/publichealth>

**School Attendance Review Board:** <http://www.sbcss.k12.ca.us>

**Department of Behavioral Health:** <http://www.sbcounty.gov/dbh>

**Probation Department:** <http://www.sbcounty.gov/probation>

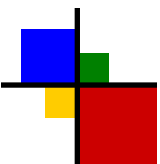
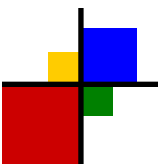
**Sheriff's Department:** <http://cms.sbcounty.gov/sheriff>

**District Attorney's Office:** <http://www.sbcountyda.org>

**Public Defender's Office:** <http://sbpubdef.com>

**Children's Fund:** <http://www.childrensfundonline.org>

**First 5 San Bernardino:** <http://first5sanbernardino.org>



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